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Missoula Pre-Release Center : current and future data collection : exploration and assessment

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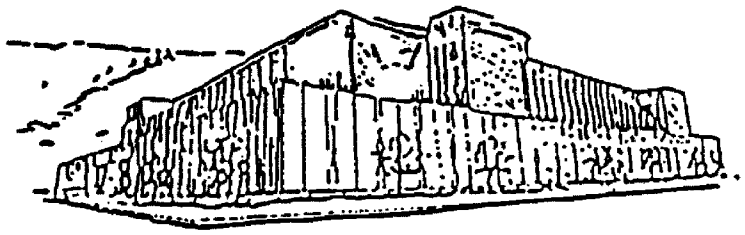

Missoula Pre-Release Center: Current and Future Data Collection; Exploration and Assessment

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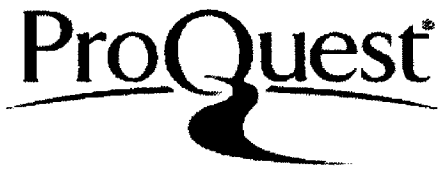

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The Missoula Pre-Release Center:
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This assessment of the Missoula Pre-Release Center was designed to identify and evaluate different variables the Center should collect and track in order to assess the program's effectiveness. Based on the literature and current collection methods at the Center, a database consisting of over 100 variables was developed and analyzed. These variables include both static and dynamic variables. Although the N size of the sample was only 75, and recidivism data was not available for analysis, some comparisons and summaries were possible using basic descriptive statistics, logistic regression and simple chi-squares.

For instance, the influence of the Moral Reconation Therapy was explored, and the effect of visitors (positive support system) was also noted. Most of the results mirrored previous studies regarding offender characteristics: showing relationships between lower success rates and variables such as low education levels, chemical dependency, low-labor skills, and minorities. However, identification of some of the factors associated with these typical factors (race, in particular), may develop a better understanding of how the program can be improved. By using various methods of analysis such as logistic regression, variables associated with race (a static variable) can be used to identify possible inequality and the factors associated with it. The program made notable changes in 12 out of 13 functionality areas, which can be seen as an indication of some progress within the program. The percent of residents "released" (56%) is also an indication of internal program success.

Although some statistical analyses were possible, a significant portion of this project was dedicated to the identification and organization of potential data collection devices/systems. Based on the current literature and existing data collected at the Center, the variables used for this data set encompass the relevant information the Center needs to collect in order to perform basic internal evaluations as well as more involved external evaluations. A prototype resident binder was created for the Executive Director of the Missoula Pre-Release Center in an effort to organize and systematize their data collection.

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INTRODUCTION

The Missoula Pre-Release Center (MPRC) is part of the Missoula Correctional Services (MCS) in Missoula, MT, and currently houses thirty adult males. This facility is a form of alternative incarceration that falls somewhere between prison and intensive supervised probation. The Missoula Pre-Release Center's program has recently been approved to expand to 100 residents (20 females and 80 males) and the new Center is being built on the campus of the new Missoula County detention facility. With these changes occurring, the Pre-Release Center desires to develop and implement an updated database system with elements deemed relevant for resident treatment and program evaluation. This paper will seek to address several components of updating data collection at the Missoula Pre-Release Center. First, an overview of the project will be provided, including discussion of the project's goals. Next, will be a brief discussion of the current literature applicable to selection of specific data at correctional facilities. In addition, the method and measurement of the sample will also be described before providing the statistical characteristics of the Missoula Pre-Release Center. The specific data collection variables were developed by including those factors identified as relevant from the literature review.

From a random sample of former residents, profiles of the residents' demographic characteristics will be addressed. In addition, their criminal history as well as some of the treatment variables/characteristics will be described. Next, some comments will be made regarding a first level assessment of the program. Unfortunately, recidivism data were not available for this database, and a full evaluation of the program's effectiveness was not possible. Therefore, this section will address internal program progress and profiles. The following section will seek to illustrate the

Center's current data gathering method. In light of the Center's desire to create a data system, suggestions and comments will be addressed that will improve data selection and collection. One final product of this project will be an updated prototype of the resident binder.

ORIGINAL GOALS – MODIFIED GOALS

As with all research proposals, the objectives have evolved throughout this project. Initially, the study pursued three goals. First, conduct an exploration of the present nature of the Pre-Release Center's data gathering system. Second, provide a literature review of evaluations, relevant variables, and multiple definitions of "success." The end result would be an updated database and system, which includes the necessary elements for future evaluation of the program's effectiveness. The third and final goal of this project dealt with the ability to track former residents regarding future offending.

Although the project met some obstacles, the goals of the original proposal have been met to a large degree. An exploration of the Center's data gathering was accomplished by sampling former and current resident files. Originally, the proposal intended to examine all 225 case files available. However, the actual number of cases sampled was reduced to 75 due to the size of the case files and the time it took to review them. In the realm of evaluation, there have been considerably more roadblocks. As mentioned above, recidivism data were not available in time for analysis, making overall program effectiveness evaluation quite difficult. However, there is sufficient data to demonstrate some insight into the progress of internal programs at the Center. In light of the delay in getting the recidivism information, the third goal of improving the Center's

access to tracking former residents may be a bit premature. It is important to note that this project consisted of both exploration and evaluation of the Missoula Pre-Release Center, and although some information regarding recidivism may not be available, constructive suggestions and some preliminary conclusions can be inferred from the project.

LITERATURE OVERVIEW

The literature pertaining to pre-release centers places this alternative type of detention center under the umbrella of community corrections because such alternative forms of incarceration are theoretically linked with the development of community corrections. Community corrections became popular in the early 1970's and was an important part of many states' correctional systems development. According to Schoen (1978:464), the Minnesota Community Corrections Act of 1973 revised the role of corrections: "Instead of serving to cage society's rejects, correction becomes a joint effort by the community and the offender to reintegrate that offender into society."

PROGRAM ELEMENTS

Several researchers, criminologists and corrections professionals have sought to determine what programs will work to reduce recidivism and increase an offender's chance at re-integrating into society. For instance, Paul Gendreau and Mario Paparozzi (1995:29-30) identified these six common characteristics that have been shown to reduce recidivism in community correction programs:

1). Services are intensive and last three to nine months. They are based on cognitive and social learning behavioral/psychological theories and are used for higher risk offenders.
2). Services target criminological needs, such as anti-social attitudes and values.

3). The style and mode of treatment is matched to the offender's learning style and personality.
4). Program reinforcement depends on the behavior being exhibited. Contingencies are enforced in a firm but fair manner. Positive reinforcement is used more frequently than punishment (e.g., fines and restitution).
5). Therapists relate to offenders in sensitive and constructive ways and are trained and supervised properly.
6). Program structure and activities disrupt the criminal network by placing offenders in situations where pro-social activities dominate.

These criteria were based on their research of more than 250 programs, using a measure Gendreau and Andrews constructed called the Correctional Program Assessment Inventory (CPAI). Evaluated in terms of the CPAI, only about 10 percent of the programs received a "passing grade" (Gendreau and Paparozzi 1995:30).

In 1996, Gendreau, Little and Goggin addressed these issues with more specific measures. According to Gendreau et al. (1996b:575), "the design of effective treatment programs is highly dependent on knowledge of the predictors of recidivism." This particular study identified four important issues in evaluating corrections programs: the use of predictor variables as indicators of effective treatment; differences between static and dynamic predictors; differences between clinical and actuarial assessment models; and the measurement of recidivism. These issues all contributed to the process of choosing which variables to gather at the Missoula Pre-Release Center over the course of this project.

PREDICTOR VARIABLES

Based on a review of 131 studies, Gendreau et al. (1996b) used meta-analysis to quantitatively synthesize the major classes of recidivism predictor variables. Their conclusions emphasized eight predictor categories: (1) age/gender/race, (2) criminal history, (3) criminogenic needs (e.g. antisocial cognitions, values and behaviors), (4) family factors, (5) intellectual functioning, (6) personal distress, (7) SES, and (8) social

achievement. [See Appendix A for complete list of variables used to construct predictor categories.] All predictor categories correlated with recidivism. Therefore, Gendreau et al. concluded that "variables such as age, criminal history, companions, family factors, gender, social achievement, and substance abuse are significant and potent predictors of recidivism" (Gendreau et al.,1996b:588). Studies by Wright, Clear and Dickson (1984), Sims and Jones (1997) and Morgan (1994) also focused on variables for predicting recidivism in correction program evaluation. [See Appendix B, C, and D for specific lists.] These examples provided a springboard for developing the types of variables used during the Missoula Pre-Release Center data collection.

Andrews, Zinger, Hoge, Bonta, Gendreau, and Cullen (1990) identified variables for predicting recidivism that introduced the additional issue of static and dynamic types. Static variables are those that are fixed and do not change (e.g. race, gender, age, and criminal history). Dynamic factors are those variables that can change over time and are therefore the targets of treatment in correctional programs (e.g. social achievement, and substance abuse). Some examples of their dynamic predictor variables include: antisocial attitudes, peer associations, parental monitoring, reduction of chemical dependency, and "generally shifting the density of rewards and costs for criminal and noncriminal activities in familial, academic, vocational, and other behavioral settings" (Andrews et al., 1990:375). These factors were all identified as malleable, subject to change, and thus "dynamic."

DYNAMIC AND STATIC PREDICTORS

According to Gendreau et al. (1996b), the lack of focus on dynamic factors has resulted in ineffective programs and evaluations. The consistent measurement of static variables, "provide little direction for classification and treatment decisions because the fixed nature of the items does not allow for changes in the offender's behavior to be

reflected or tested" (1996b:578). Therefore, they concluded that both factors need to be present in the study of corrections programs, with an emphasis on the dynamic factors. It appears the logic at work here asserts that if predictors of recidivism can be identified, those dynamic predictors associated with behavior can then become the targets for treatment programs. This rationale makes an important point when considering this project.

However, it is also important not to completely ignore the static variables when examining the Pre-Release program. Oftentimes the significance of these variables is missed because it is assumed they cannot be targeted or addressed. In fact, using the word "static" to identify these variables may be the most misleading aspect of this classification. Static variables predominantly include background information about a certain individual. Because the information is historical, by its very nature it cannot be changed. Using the term static implies a limit to the variables' usefulness. Instead, referring to those variables as "background information" would not imply limits to the variables' power to increase understanding. Therefore, in future research and reporting, classification terms such as "background" (static) and "treatment" (dynamic) will better identify each variable as useful and informative in their own right. For the purpose of this paper, the original terms of static and dynamic were preserved for better clarity. Ideas pertaining to the actual usefulness of "static" variables will be briefly explored in the section concerning the Missoula Pre-Release Center sample profile.

CLINICAL AND ACTUARIAL ASSESSMENT MODELS

Gendreau, Goggin and Paparozzi (1996a) addressed appropriate methods for assessing dynamic predictors. They distinguished between clinical and actuarial models of assessment, and concluded that the actuarial model best predicts recidivism. The clinical model is based on the idea of the expert, where the probation officer or

caseworker is the person best suited to evaluate an offender's risk to re-offend. This judgement call is seen as subjective and not reliable. Conversely, the actuarial model employs a more objective risk measure of recidivism (e.g. standardized tests or inventories) and is considered more reliable. These authors asserted the actuarial method of assessment as superior to the clinical for two reasons. First is the importance of the dynamic risk factors discussed above, and second is the ability of the actuarial model to accurately predict these factors. The extensive training and time required to implement the actuarial models' standardized tests help explain the continued popularity of the clinical method, despite its ineffectiveness. This project sought to identify the current method(s) of assessments at the Center in light of this issue and make recommendations accordingly.

RECIDIVISM: MEASUREMENT AND PROBLEMS

Using recidivism for measuring a program's effectiveness, or "success," is very common in corrections evaluations. In fact, several types of recidivism are measured in Gendreau, Little and Goggin's (1996b) study. Their research employed broad criteria for measuring recidivism and included arrest, conviction, incarceration, parole violation or a combination of the four. Jackson, de Keijser, and Michon (1995:47) provided this general definition of recidivism: "a relapse into prior criminal habits, especially after punishment." However, they also went on to provide a number of more specific examples of recidivism measures from various studies: self-reported delinquency, re-convictions, court appearances, re-arrests, and even new contacts with the justice system. Although these unique types of recidivism measures are interesting ideas, it is important to always consider the reality of actually measuring them. Budget, time and other logistical constraints will always influence the practicality of gathering any data, especially recidivism. Another issue associated with recidivism is the duration of the

follow-up: At what point should measurement begin and end? There does not appear to be any one standard of time that researchers use in evaluating corrections programs. Generally it is agreed that using multiple measures is ideal. Jackson et al. (1995) concluded that measures of recidivism should not be the only outcome effect considered in program evaluations. Morgan (1994:342) also identified several means of evaluating programs via recidivism such as, re-arrest, reconviction, re-incarceration, and re-incarceration for technical violation of parole (e.g. failure to pay fines, failure to report to court). Morgan concluded that reconviction is the best indicator of recidivism because it indicates there is enough evidence to prove guilt beyond a reasonable doubt. However, when dealing with probation, Morgan (1995:43) defines failure (or recidivism) as "noncompliance with the probation term."

The problems of recidivism measurement are not limited to issues of operational definition discrepancies. Corbett (1996) addressed the lack of agreement in the practice of using recidivism as a measure of success. He asserted that corrections programs should establish a base-line recidivism rate and seek to decrease the rate each year. Corbett (1996) suggested that these numbers be made public in order to motivate corrections workers and programs to succeed. Shover and Einstadter (1988:172) added these alternatives to recidivism as criterion measures of success: attitude changes, occupation aspirations, work habits, disciplinary record within an institution, absence from drug or alcohol use and income level after release. These type variables are dynamic, and are thus addressed as malleable treatment factors in rehabilitation. These types of variables are, by their very nature, subjective measures (e.g. clinically assessed) which Shover and Einstadter (1988) cautioned against using because of possible bias. Objective measures would include standardized tests and metric variables such as earnings, or number of arrests. Qualities measuring behavior, such as possible future arrest and employment (dynamic predictors), are preferred, since part of

corrections' goals is to change offender behavior. Shover and Einstadter (1988) concluded the most effective means of measurement would include the use of multiple criteria in evaluation studies. Again, the issue of the reality in measuring these variables should always be considered.

This proposal sought to determine and evaluate the current methods of data gathering at the Missoula Pre-Release Center in light of the current literature and information pertaining to community corrections, treatment, and recidivism. As noted in the literature review, predictor variables such as age, gender, race, family factors, SES, values, social and educational achievement, employment history and skill level, chemical dependency, antisocial behavior, and criminal history must be measured when attempting to assess a correctional program's level of success (rate of recidivism). It is important to remember the fine line between gathering the right information to effectively evaluate a program and gathering too much information that may include extraneous data that is difficult to collect, manage, and analyze. As noted above, the labels of dynamic and static may be misleading classifications, but it is important to include both types in any data collection. In fact, emphasis should be equally placed on both background and treatment information. The literature review provided a backdrop to not only assess the current information collected, but also as a means to update the data gathering system used at the Missoula Pre-Release Center. After determining the types of information that predicts recidivism followed by a review of the current information available for collection in the residents' files, a data base was developed. This process is discussed further below.

METHOD AND MEASURES

METHOD OF GATHERING DATA

The methods used during this project were not based on an experimental design. Rather, a sample of 75 case files was randomly selected from a total of 225 former resident files. Supposedly these files ranged from June 1994 to June 1998. However, during data collection some files dating from before that period were sampled, but not excluded. Data collection began at the beginning of the files (the "A's"), with the original intent to sample all 225 files. However, due to the size and organization of the files, a random sample (examining every fifth resident's file) was taken to allow for time to enter the data and present results. After reviewing two or three files, a coding form was developed to consistently gather information from each file [See Appendix E]. During data collection, case identification numbers were randomly assigned and any identifying information (name, Social Security number, ASCIS number, etc.) were not collected on the coding form.[1] A separate file (accessible only to the researcher) contains a link from case ID to ASCIS (AO) number in order to match up any data on recidivism.

Once data were collected on 75 former residents, a list of their AO numbers was sent on July 31, 1998 to the Department of Corrections Research Department, requesting the residents' offense histories. Complete histories were requested, with the option of using January 1, 1990 as a cut off if the project was too large. Unfortunately, the information was not received from the DOC until August 31, 1998 and there was not enough time to process the additional data. All data will be given to the Missoula Pre-Release Center at the conclusion of this project, and they may choose to explore the recidivism data at a later date. In addition to collecting the variables discussed above,

[1] The ASCIS number, or AO number, refers to the tracking number assigned by the State prison system. This AO number stays with an offender throughout his/her life, and anytime they are incarcerated, that number is used as identification.

current case files were also examined in light of developing an updated collection system. These files were reviewed only for organization, not content or fact gathering. These files assisted in developing a prototype resident binder based on suggestions for future data collection.

Next, a data set was developed using the Statistical Package for Social Science, SPSS (version 7.5). The variables chosen were based on current literature review (discussed above) and the type of data currently collected by the MPRC in each case file. A codebook for the data set was developed to further assessment of each variable collected and examined [See Appendix F]. Next, each coding form was summarized by using a coding worksheet [See Appendix G] and then entered into the data set.

MEASURES

The variables (based on current literature and case files) were chosen in order to provide a complete view of the residents and their progress through the program. In conjunction with the literature review, informal discussions with the Executive and Assistant Directors, as well as some case managers, also contributed to the type of data collected. As mentioned earlier, many researchers have turned the focus of correctional research from the demographic variables (more static in nature) to treatment variables (more dynamic in nature). This project sought to capture both types of variables as completely as possible [See Appendix H for a list of variables and scales]. Focusing on only one of the types of variables would limit the scope of understanding the residents' background and progress at the Center. The section discussing the results will address this point further.

When determining and defining certain variables, some issues of clarity and subjectivity arose. For instance, the variable addressing employment skills was initially defined by using the Missoula Correction's Misdemeanor Program guidelines, which only

identified 5 categories. After examining information from the U.S. Census Bureau web page (www.census.gov/) and the Bureau of Labor Statistics web page (http://stats.bls.gov/), a variable was developed to reflect the most typical employment classifications of the residents. The residents' classification was chosen on the basis of the most predominant job/skill he reported during the assessment interview. This assessment interview predominantly uses open-ended questions, rather than a set of possible choices. Also, identifying a resident's current offense is not as simple as it appears. It is important to remember that typically it is a series of events that leads to an offender's incarceration. The measure of current offense does provide another example of his/her recent criminal activity, but it may not accurately portray the offense. Issues such as plea bargains, sentence reductions, and even judicial discretion may have influenced the ultimate charge listed as most current. For the purpose of this research, the current offense was defined by the intake interviewer, and is identified on the assessment interview.

In addition, measuring any "family" variables was particularly convoluted. Measures such as family history of drug/alcohol use and criminal background require a specific definition of what family actually means. For instance, should only immediate and biological family members be considered? Or, should the influence of stepparents and stepsiblings be included? In addition, should all biological family members be considered family when assessing drug/alcohol issues because of the incidence of genetic factors associated with those problems? For the basis of this data collection, family was very broadly defined, using parents (biological, step, adopted, foster), all siblings, and even extended family including biological grandparents, aunts and uncles. Also associated with the issue of family were the measures of parental status and upbringing. These measures were vague and difficult to answer given the information available in the files. Although these measures are not strong variables for this sample

of residents, it would still benefit the Center to try and categorize elements such as these to provide for future comparisons between different family backgrounds, employment skill levels, and possible recidivism.

One final area of interest in determining and defining variables is the issue of resident passes. The Executive Director expressed an interest in tracking how, and with whom, a resident uses his free time. The manner in which the resident passes are tracked was not conducive to review when this sample was taken. However, this issue will be addressed later in the recommendations for information organization and collection.

Although recidivism data was not analyzed in this project, recidivism variables were developed and added to the data for future consideration. The measures of recidivism sought to provide a more flexible look at residents who re-offend. It is important to note the Missoula Correctional Services' definition of recidivism, "no new criminal convictions for three years from release," results in a simple dichotomy and is obviously not a satisfactory definition. As mentioned in the literature review, there are several measures of success for correctional facilities. For instance, by checking for recidivism at different post release time periods, such as six months and one year, various levels of "success" can be identified and compared to treatments, programs, backgrounds, etc. In addition, examination of time between release and first offense or parole violation will also address this variation of success. By breaking down parole violations into types, a more detailed look at recidivism (beyond felony or misdemeanor) can also be examined. Additional measures such as achieved educational level, employment/wage, continued sobriety, etc. would also be excellent diverse measures of success. These types of recidivism measures would be interesting, but need to be weighed against the reality of budgets and time constraints. In fact, one case manager, when asked about the success/failure of the program, commented that they measure

success with a different measuring stick than re-offending. He indicated that the case managers look to things like a resident holding down a job for six months or consistently going to AA, because they understand the reality that a resident may re-offend.

PROFILE OF SAMPLE

Before discussing some of the results from the sample, it is important to note that virtually all the data obtained was from self-report measures. At the time of intake (arrival to the Center), the assistant director interviews the new resident. This assessment is largely based on the resident's responses and is not always verified. Some data (such as offense history and age of first offenses) can come from pre-sentence investigations. In addition, some files included verification of high school graduation and military experience. Thus the resident is the main source of most information. In addition, all the residents sampled were male, since Missoula, at the time of this study, did not house any females.

DESCRIPTION OF SAMPLE

Basic demographic characteristics:

- The average age at intake was 30 years old, ranging from 18 to 62.
- Most of the residents (45.9%) were single (never married). Thirteen percent were married, and over 32 percent indicated they were divorced.
- Of the 75 sampled, 15 were Native American (20%).
- The average level of education achieved by the residents was 10.7 years (approximately late-sophomore level). The average total battery score for the TABE test (test of adult basic education) was 9.3 years (approximately mid-freshman level).
- Thirty-two percent of the residents had attended college (two-or four-year program).
- Most of the residents were classified as unskilled laborers (41.7%), with skilled construction (15.3%) being the next highest employment classification.
- Ninety percent of the residents believed in God, and 27.7 percent were interested in attending church.
- About 20 percent had military experience; with 53.3 of those in the military receiving an honorable discharge.
- Over 80 percent acknowledged they were chemically dependent.
- Most of the residents also smoked cigarettes (75.7%).

- Over half of the residents had thoughts of suicide (53.7%), 29.4 percent had actually attempted suicide.

Criminal history and background information:

- The offense type each resident was most recently incarcerated for was mainly property offense (50.7%). Crimes against a person accounted for 26.7 percent and drug/alcohol crimes accounted for 20 percent of the residents.
- Over 70 percent of the residents' current offense involved alcohol or drug use.
- The most common prior offense was prior traffic violations with an average of 1.31. Prior theft/larceny's had an average of 1.29 and prior DUI's had an average of 1.17.
- The average age for first misdemeanor conviction was 20 while the average for first felony convictions was 25.
- Most residents had their probation/parole revoked at one time (68.7 %).
- Most of the residents had family members with criminal history (63.1%).

Pre-Release program and treatment information:

- Of all 75 resident's examined, the average number of days spent at the Missoula Pre-Release Center was 255 (approximately eight and a half months). The time ranged from seven days to 964 days (32 months) and included all residents regardless of their outcome.
- The most common referring agencies to the Center were the Montana State Prison (41.3%) and the D.O.C. (41.3%). Parole violations accounted for 8 percent of the referrals.
- Before entering the program over 57 percent were given the stipulation that they must participate in chemical dependency treatment. Thirty-two percent of the residents were given no entrance stipulations.
- The most common outcome (release category) was parole (41.3%). Of those paroled, 51.6 had live-out parole and 48.4 were paroled directly.[2] Return to MSP accounted for 32 percent of the outcomes. Walk-aways/escapes accounted for over 10 percent of the outcomes.
- Out of the 75 residents sampled, 56 percent were released in some form (discharged, paroled, or sent to ISP), while 46 percent continued their incarceration (return to MSP or walk-aways).
- Most of the residents had only been to the MPRC once (86.7%), while 10.7 percent have been there twice and 2.7 percent have been there 3 times.
- The average level of MRT (Moral Reconation Therapy) was 6.7. However, the most frequently reported score was 12. Each level relates to a step in the 16 step program and a resident needs a score of 12 to graduate from the MRT program.[3]
- Most residents received an incident report (IR); 60 percent received at least 4 IR's. Only three out of 74 did not receive any IR's. The average number of IR's was 4.78.
- Sixty-two percent of the residents received at least two Class III reports and 74.3 percent received at least two Class II reports. The Class III average was 3.00 and

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[2] The live-out program began approximately five years ago, therefore all the residents sampled, except two, would have had the opportunity for live-out if they met the requirements to participate.

[3] MRT is a program designed to improve self-concept, moral reasoning and social interaction skills. It will be discussed in more detail later. The MRT program was begun in May/June of 1994 and not all sampled residents participated in MRT. Those who did not were coded "not applicable." Those residents, at MPRC after June 1994, who were missing MRT scores were coded "missing".

Class II average was 1.69. (Class II incidents are more serious type of offense than Class III offenses, while Class I incidents generally are legal violations and result in immediate removal from the program)

- Most residents had at least 10 visitor requests submitted (72%). The average number of visitor requests was nine. The average percent of visitor requests with positive criminal background was also nine. Forty-nine percent of the residents had no visitor requests with positive criminal backgrounds.
- Of those released (paroled/discharged): 42.9 percent were referred from the MSP, 33.3 percent from the DOC and 7.1 percent from parole violation. Of those who continued incarceration: 39.4 percent were referred from the MSP, 51.5 percent from the DOC and 9.1 percent came from parole violation.
- Each resident is evaluated by their case manager every-other week on 13 basic areas of functionality. Each score ranges from one (poor) to five (excellent) and relates to specific areas in the resident's life. By improving in these areas, the resident increases his chance of success once released. A resident needs a score of 3.00 or higher in nine out of the 13 categories in order to graduate the Pre-Release program. The summary of the average functionality scores is in Table 1 below:

Table 1.

Summary of Functionality Scale Average Scores

Category	First Score	Last Score	+ Difference
Budget/Savings	1.2	3.3	2.1
Counseling	1.6	3.6	2.0
Literacy/Education	3.1	3.1	0.0
Employment	1.7	4.0	2.3
Health	2.8	3.1	0.3
House Rules	1.8	3.6	1.8
MRT/Interpersonal	1.8	3.3	1.5
Leisure/Passes	1.1	2.4	1.3
Physical Fitness	3.2	3.7	0.5
Residence	1.8	3.2	1.4
Self-concept	2.1	3.3	1.2
Support System	2.2	3.1	0.9
Vocation	2.3	3.1	0.8
OVERALL	2.35	3.98	1.63

RELATIONSHIPS BETWEEN VARIABLES

Functionality Scales; A Wilcoxon non-parametric test. One method of exploring the internal progress of the residents at the Missoula Pre-Release Center (MPRC) is to examine the changes in the functionality scale scores discussed above. Throughout the residents' stay at MPRC, they are continually encouraged to increase

their functionality scores in all areas. In addition to parole or release, free time and additional passes are part of the incentives designed to improve functionality scores. Because of the small N size and lack of normality in distributions, the non-parametric Wilcoxon test is appropriate since it does not require any strict assumptions about the sample. This is a matched-pairs sign test that ranks the differences between pairs, computes a Z statistic, and determines the two-tailed significance for each pair of related variables. The only requirement for this test is that the differences between the pairs must be from a symmetric distribution. The distribution of each paired variable's differences was checked visually with histograms and all were relatively symmetric with the exception of budget, house rules and overall score, which did not follow the normal distribution curve well. However, these variables were not excluded from the testing. A summary of these variables and their mean differences was presented in the sample profile section above. The following table illustrates the Wilcoxon scores for the paired variables:

Table 2.

Non-Parametric Wilcoxon Test for Functionality Scale Scores:

Matched Pairs Category: First Score – Last Score	Difference	Z Score	Assymp. Sig. (2-tailed)
Budget/Savings	2.1	-5.588	.000
Counseling	2.0	-5.988	.000
Literacy/Education	0.0	-.013	.990
Employment	2.3	-6.403	.000
Health	0.3	-2.787	.005
House Rules	1.8	-4.951	.000
MRT/Interpersonal	1.5	-6.118	.000
Leisure/Passes	1.3	-5.022	.000
Physical Fitness	0.5	-3.998	.000
Residence	1.4	-5.838	.000
Self-concept	1.2	-5.964	.000
Support System	0.9	-4.618	.000
Vocation	0.8	-5.202	.000
OVERALL	1.63	-4.645	.000

The null hypothesis that pertains to this test states that the mean rank for both groups is zero; that there is no significant difference between first and last functionality scores. Therefore, when the significance level is below the alpha level of .05, the test can assume to reject the null hypothesis, indicating that the paired samples are not equal to zero, and meaning there are significant differences between the first and last scores. This test, similar to the chi-square test, does not indicate magnitude or direction. But it does show significant score changes in 12 out of 13 categories (education/ literature was not significant) while the resident was at the Center. However, it is important not to take these scores on their face value. With a larger sample, the strict requirements pertaining to distribution symmetry could be met and therefore allow for more specific and powerful tests (e.g. F-test) to explore the magnitude and direction of these relationships.

These scales are good examples of the subtle connection between the clinical and actuarial methods of assessment. As discussed above, the clinical method is not thought of as reliable, while actuarial methods are considered superior because of their objectivity. The functionality scale used at the Center is completed subjectively by the case manager with the use of a standardized scale and predetermined level requirements that are clearly set out in the Missoula Pre-Release Center resident handbook (1998:32-38). It appears this device of resident assessment may in fact be a clinical assessment with a built in level of objectivity.

Factors of release and continued incarceration. Although recidivism data are not available in this data set, examination of some relationships can aid in explaining and evaluating the Pre-Release program. By using the "outcome" variable (which categorizes where the resident goes when released from the Center) an internal evaluation of the program's effectiveness can be explored. Recoding the outcome categories into a dichotomous variable, created a delineation between "success"

(release) and "failure" (continued incarceration). Paroled, discharged, live-out parole, live-out discharge and Intensive Supervision Probation (ISP) became "released." Montana State Prison (MSP), walk-aways, terminated to court and ineligible became "incarcerated." It should be noted that this variable relates not just to the program's success but the residents' success as well. If a resident is not ready to face everyday life, no matter what the program staff does, he will not succeed in the program, and this will be reflected in the outcome variable. Therefore, it is important to keep this complexity in mind when looking at some comparisons with the program outcomes. Also remember that this sample is small, with only 75 cases, and has several missing values. The strength of the following relationships should be weighed against these facts.

The strongest relationships found when examining outcome was with variables such as MRT level at exit, age at intake, education level, GED, visitor requests and the race of the resident. Summarizing some of the relationships was made easier by re-coding several of the multiple categorical and metric variables into dichotomies. [See Appendix H for descriptions of the breakdowns.] For instance, the relationship between MRT level and outcome was consistently strong. Again, the MRT level refers to Moral Reconation Therapy. This 16-step program targets how offenders think and how they make decisions and judgements. The developers of this program believe that "much of substance abuse and sociopathic behavior is mediated or caused by inadequate reasoning" (Little, Robinson, and Burnette 1992: 6). Since 1994, each Pre-Release resident is required to participate in MRT and their progress through each step is monitored and evaluated by the case managers.

The strong relationship between MRT and outcome is predominantly explained by the fact that completion of the MRT is a necessary condition of completing the Pre-Release program. Therefore these variables already overlap, and have a built-in relationship by definition. Also, the amount of time the resident spends at the Center is

related to MRT and outcome. This relationship will be explored later. There are several interesting and non-overlapping relationships that can be examined. For instance, outcome is related to the age at intake. A crosstab chi-square test with these variables showed, as does Figure 1 below, that these variables are not independent ($p \leq .005$). In other words, the older the resident was when he entered the Center, the more likely he was to be released and thus be considered "successful."

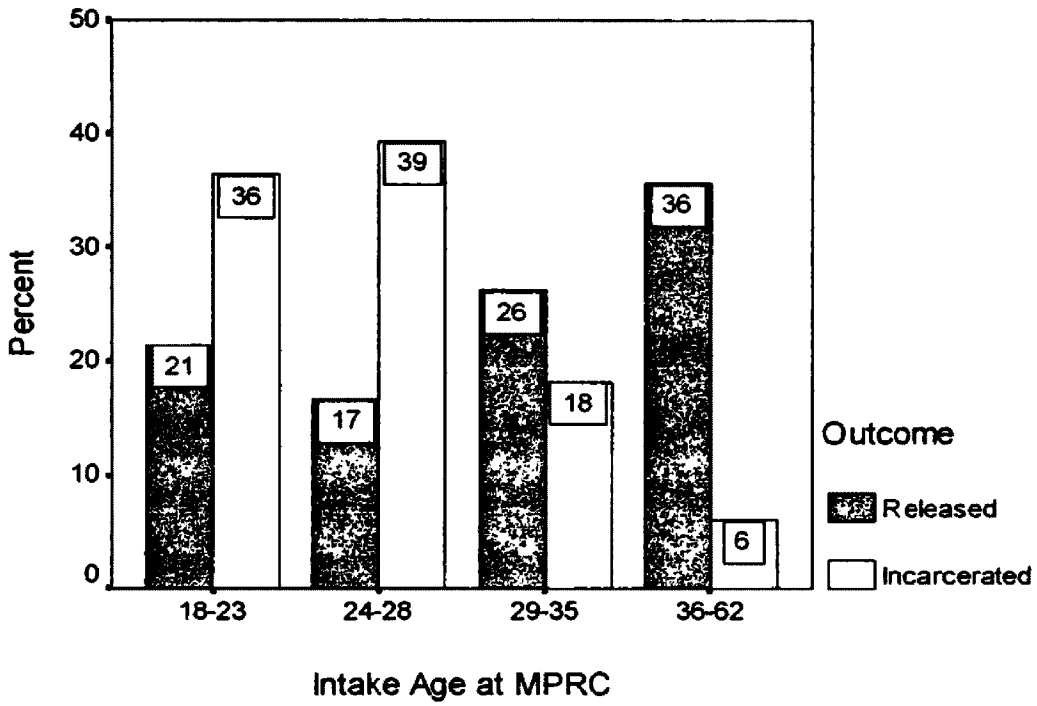


Figure 1. Relationship with Outcome and Age

Similar to this relationship is the association between education level and outcome. By summarizing education level into three categories of progress (little high school, some high school and high school graduate), Figure 2 below illustrates the expected relationship: as the level of education increases, so does the probability of being released. The largest differences occur at the extreme ends of education level (little high school and high school graduate), while there is not much difference when residents with 10^{th} or 11^{th} level education are compared.

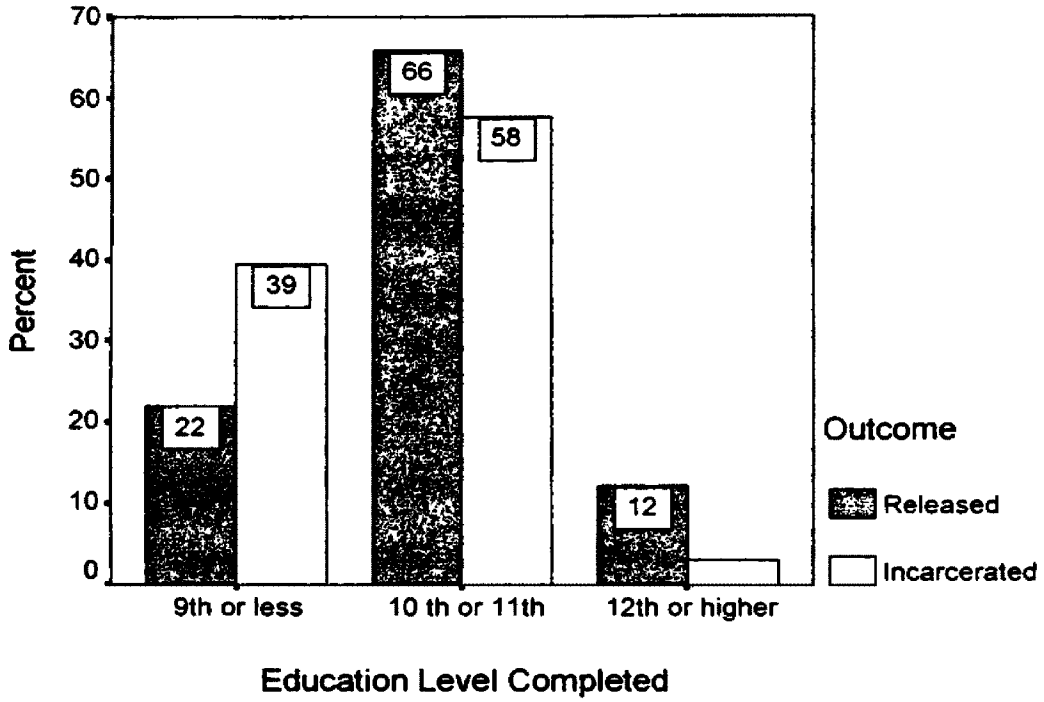
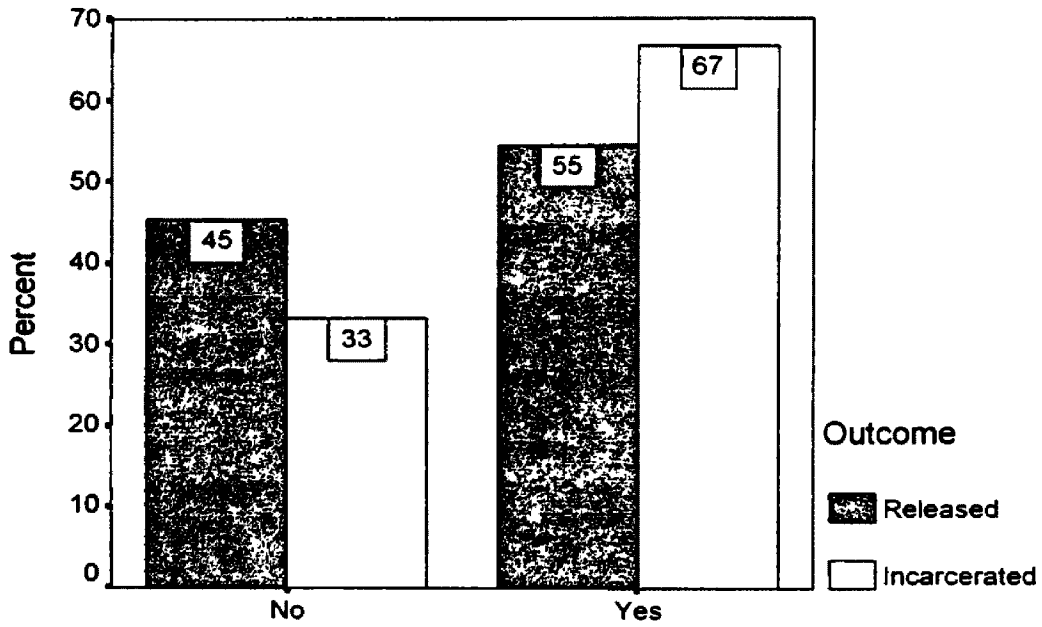


Figure 2. Relationship with Outcome and Education

Out of the 75 residents sampled, 25 graduated from high school. Of the 49, who did not graduate, 39 percent had not obtained their GED, while 61 percent did complete the GED requirements. It is interesting to note the outcomes of those who did not graduate in relationship to the GED. In Figure 3 below, it is surprising to see that of those (non-graduating) residents incarcerated, 67 percent had completed the GED, while 33 percent did not complete GED requirements. The number of (non-graduate) residents who were released had nearly the same percent breakdown of GED and no GED. It appears that obtaining a GED does not necessarily reduce a resident's potential for re-incarceration. Although the N size for this graph is only 49, the results are worth noting, and the effectiveness of GED requirements may need to be examined further.



GED Obtained: involves 45/75 residents

Figure 3. Relationship between Outcome and GED

The number of visitor requests was also related to outcome. Some staff members at the Center believe a positive support system is the key to success at the Pre-Release Center. The variable, number of visitors, is a rough indicator of this potential support system, and the relationship between visitors and release can be seen in Figure 4 below. Generally, as the number of visitor requests increase, the likelihood of release increases. Conversely, if a resident has few visitor requests, he may be more likely to continue his incarceration. This relationship provides some support for the ideas behind the importance of positive support systems in residents' lives. The influence of total days (time) spent at the Center is an issue when considering the relationship with number of visitors. The number of visitors may be influenced by how long a resident is at the Center, and therefore a resident's outcome may actually be a function of time rather than the number of visitors. This idea will be explored further in the logistic regression analysis.

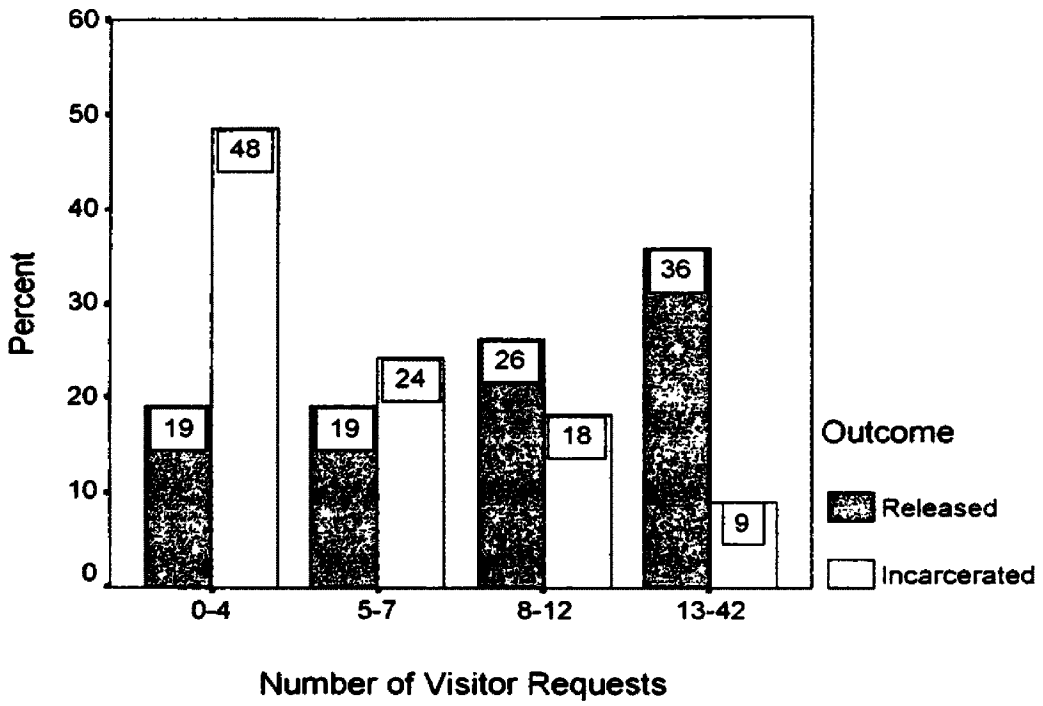


Figure 4. Relationship with Outcome and Visitor Requests

Another interesting relationship was between the percent of requested visitors with positive criminal background check and the outcome. A superficial hypothesis, based on Sutherland's theory of differential association (Curran and Renzetti, 1994) would suggest that the more friends (visitors) with criminal background a resident requests, the greater the likelihood they are committed to criminal thinking. Although, as Figure 5 below suggests, as the percent of requests with criminal background increases, so does the percent of residents released. Based on the suggested hypothesis, this appears backwards.

However, it is important to consider the built-in relationship between the number of visitors and the percent with criminal background. It makes sense that if more visitors are requested, the percent of criminal background will also increase. Therefore, the relationship between an increased percent of "criminal" visitors and increased chance of being released is not that far fetched when considered in light of the relationship

discussed earlier between increased support (number of visitors) and chance of being released. And again, the relationship between time and both of those variables is also noteworthy; the longer a resident is in the center, it follows that he will have more visitor requests.

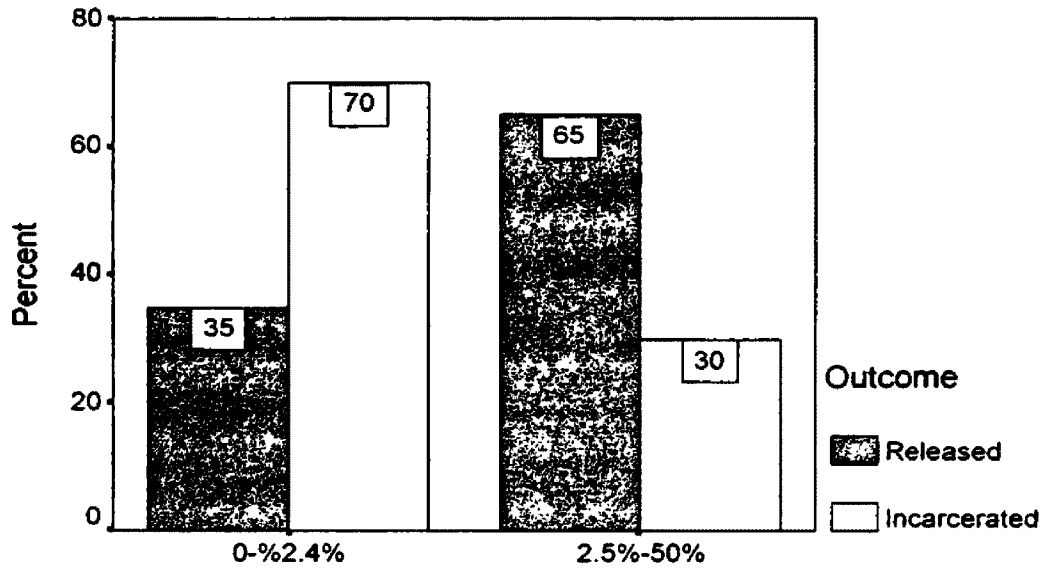


Figure 5. Relationship with Outcome and Visitor Requests with Criminal Background

In addition to the relationships discussed above, there is also a relationship between race and residents' outcomes. Out of the 42 released residents, 90.5 percent were Caucasian, while 7.1 percent were Native American. Conversely, out of the 33 residents that continued incarceration upon exit, 63.6 were Caucasian, while 36.4 percent were Native American. The original racial breakdown for this sample was 20 percent Native American. These two variables cannot be considered independent according to the crosstab and chi-square test performed ($p \leq .006$). The graph below visually depicts this disparity. Native Americans appeared more likely to continue

incarceration than Caucasians, especially when considering the Native American proportion of the resident population is 20 percent.

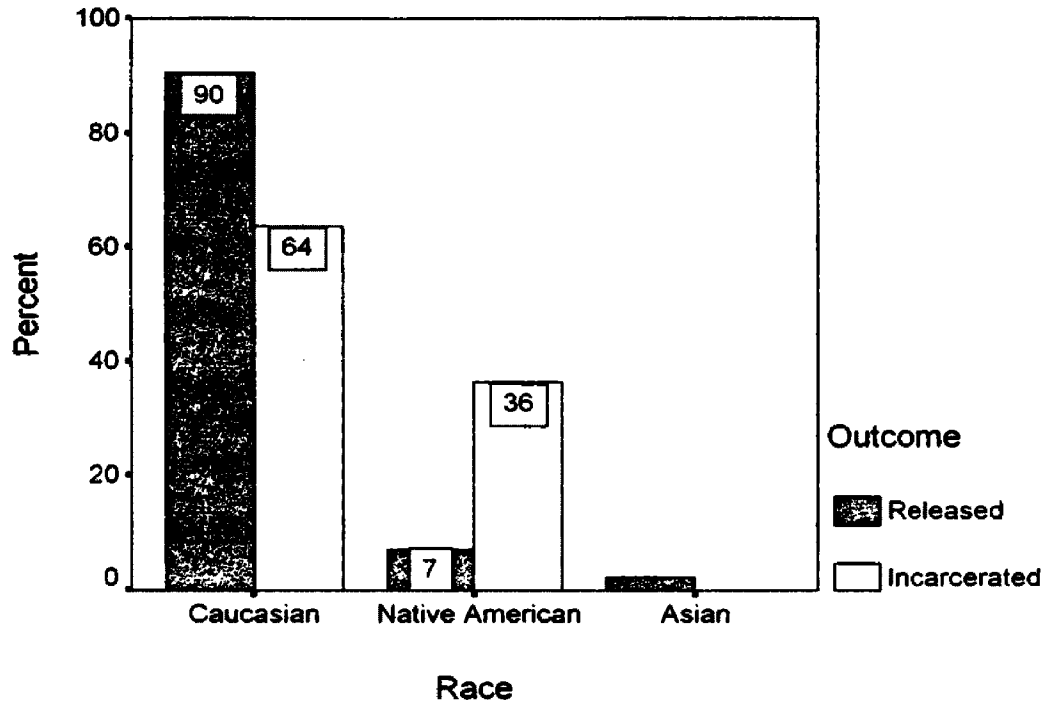


Figure 6. Relationship with Outcome and Race

Logistic regressions. Bar charts and chi-squares are not the only means for exploring relationships concerning the residents' outcomes. Those tests are not as powerful as inferential statistics because they can only indicate that a relationship exists, but not its magnitude or direction. And in fact, graphs such as those above can give a premature impression of the true relationships from a sample. A different way to examine this relationship is through the use of logistic regression, which is an appropriate test for this sample. Other tests such as linear regression or discriminant function require much more strict assumptions regarding distribution and skewness (Hair, Anderson, Tatham, and Black, 1995). Logistic regression (LR) provides an alternative method of examining residents' outcomes, MRT level at exit, and even race.

After using chi-squares and crosstabs to narrow the field of variables, logistic regressions were performed using the forward likelihood ratio method since no specific hypotheses were being tested. This test explores the strongest measures that predict a dependent (dichotomous) variable, such as outcome. Forward logistic regression considers all the independent variables at once, selects the strongest variable and enters it into the model at the first step. Then, controlling for the first variable, the other variables are re-examined for the next strongest effect on the dependent variable and then it is brought into the model. This process continues until there are no more significant variables left to enter. After running several forward likelihood ratio regressions, a final model is produced that is able to provide insight into the variables that influence (or predict) the dependent variable. The "outcome" dichotomy will be the first logistic regression examined.

By re-coding the original nominal variable of nine possible outcomes into a dichotomy, logistic regression can be used to determine those factors associated with how the residents leaves the Center. In lieu of using recidivism data, exploring this result of the residents' stay at the Missoula Pre-Release Center can illuminate some information regarding "internal progress" in terms of the outcome. Like Moral Reconation Therapy (MRT) level and functionality scales, outcome can indicate one aspect of the program's success. In addition, due to the built-in relationship between MRT and outcome as discussed above, MRT was not included in this first logistic regression. The variables used in the first logistic regression were:

DV: Outcome	dichotomy	0 = Released 1 = Incarcerated
IV: Education Level	metric	Highest level of education completed
IV: Visitors Requests with Criminal background	dichotomy	Percent of visitors with criminal background 0 = 0.0-2.4 percent 1= 2.5-50.0 percent
IV: Class2 Incident Reports	metric	Number of class II incident reports
IV: Visitors	ordinal	Number of visitor requests; equal quartiles

IV: Race	dichotomy	0 = Non-Native American 1 = Native American
IV: Time	metric	Total days spent at the MPRC

The total N size of the sample available for this test was 69 out of 75. Once the forward logistic regression was run only Time, Class II incident reports, and Race remained in the equation. Before the first step is entered only the constant term is in the model. It is interesting to note the original R score (partial correlations) at this initial point. In Table 3 below, the R scores indicate all the variables are quite strong in predicting outcome before the first step.

Table 3. Logistic Model for Outcome, before any steps

Variable	Score	df	Sig	R
TTLMPRC	28.5978	1	.0000	.5306
VISTRS2	11.9918	1	.0005	.3252
RACE2	10.4031	1	.0013	.2982
CLASS2	9.4767	1	.0021	.2813
VISTRCM2	9.1208	1	.0025	.2745
EDULVL	8.3004	1	.0040	.2582

As the steps progress, Time is entered first, followed by Class II IR's, and finally Race. Once these variables are entered into the model, the influence, or R-value, of the other variables disappears. For instance, once Time is held constant, both variables dealing with visitor requests are no longer significant and are dropped from the equation. In other words, once Time, Class II IR's and Race are held constant, the other factors do not influence outcome. This test paints the bar charts discussed earlier in a different light, thus showing the interaction between variables. The final model is shown Table 4:

Table 4. Final Logistic Model for Outcome

Variable	B	S.E.	Wald	df	Sig	R	Exp(B)
TTLMPRC	- .0286	.0090	10.0474	1	.0015	-.2919	.9718
CLASS2	1.8007	.6620	7.3991	1	.0065	.2391	6.0536
RACE2	4.1668	1.7507	5.6650	1	.0173	.1970	64.5108
Constant	2.0250	1.2788	2.5076	1	.1133		

As the signs of the R scores indicate, as the number of time spent at the Center increases, the likelihood of being incarcerated decreases. Inversely, when the number of Class II incident reports increases, so does the likelihood of being incarcerated. In addition, the likelihood of incarceration increases in the resident is Native American. These three variables increased the rate of correct classifications from 56.5 percent to 94.2 percent. This hit rate is a value associated with the predictability power of the model. In this example, the original hit rate of 56.5 percent indicates that if you knew nothing about the resident, you could correctly guess a resident's outcome 57 times out of a 100. And the final hit rate of 94.2 percent indicates that the level of certainty of "predicting" a resident's outcome is greatly improved if the model variables are known. The model also improved the explanatory power of the R. The Nagelkeerke R^2 climbed from .678 to .867. The final R^2 value indicates the variables in the model can account for approximately 87 percent of the variance.

Tolerance tests were also performed on these variables. This test indicates how related the independent variables are to each other. A tolerance of 1.0 is ideal since it indicates the predictor variables are completely independent from each other and therefore do not interact with one another in the logistic regression. The tolerance levels for each variable were all acceptable; ranging from .631 (total days at MPRC) to .994 (Class II reports).

The logistic test predicting outcome can be very useful in determining those variables most strongly associated with certain results. The implications of this information can help shape internal programming. Because MRT level is a necessary condition of release, examining some predictors of high MRT levels may lead to some insight into successful outcomes. The logistic regression model can also be used in examining the predictors of the resident's final MRT level and may explain some factors not normally associated with this therapy that targets moral reasoning and decision

making. Again, the original MRT variable was re-coded into a dichotomy at approximately the median to create the MRT dichotomous variable for logistic regression. As mentioned before, logistic regression was useful since this variable does not meet many of the assumptions required for multiple regression or discriminant analysis. Again, using chi-squares and crosstabs, the field of variables to use in the model was reduced to the following variables:

DV: MRT level	dichotomy	0 = Levels 1-6 1 = Levels 7-12
IV: Education level	metric	Highest level of education obtained
IV: Visitor requests	ordinal	Number of visitor requests; equal quartiles
IV: Age, First Felony	metric	Age first convicted of a felony
IV: Class II IR's	metric	Number of class II incident reports
IV: Race	dichotomy	0 = Non-Native American 1 = Native American

The N size used for this test was 53 out of 75. Below is the table of the variables and their R scores after the constant was calculated, but before any steps of the model began.

Table 5. Logistic Regression for MRT level dichotomy, before any steps

Variable	Score	df	Sig	R
TTLMPRC	23.3314	1	.0000	.5445
VISTRS2	15.9875	1	.0001	.4410
EDULVL	10.1960	1	.0014	.3375
CLASS2	5.2882	1	.0215	.2138
AGEFIRF	5.2654	1	.0218	.2131
RACE2	4.3528	1	.0369	.1808

It is important to note the strength of R for each variable as ranked in the chart above. As expected, the total days spent at MPRC entered first in the model. However, at the second step, education level entered instead of number of visitor requests. This occurred because of changes in R strengths after time was controlled for. In other words, once the total number of days spent at the Center was accounted for, the number of visitor requests was not as powerful as education level in predicting MRT level at exit. Therefore it appears there is a relationship between the number of visitors and the total

number of days spent at the Center. This makes sense since the longer one stays; the more time they have to put in for visitor requests. Nevertheless, the tolerance levels for these three variables are still at an acceptable level (all above .753).

The original hit rate was 58.5 percent, which reflects the percent of residents with an exit MRT level between seven and twelve; the probability someone could guess what MRT category a resident was in. The hit rate for the model in Table 6 increased to 98.1 percent. Thus indicating that with the additional information of knowing the model variables, the chance of predicting a resident's MRT level category increases greatly. In addition, the Nagelkerke R^2 increased from .667 to .856, therefore indicating the final model can account for approximately 86 percent of the variance of MRT level dichotomy. The final model kept only those three variables discussed above, as seen in Table 6 below.

Table 6. Final Logistic Model for MRT Level dichotomy

Variable	B	S.E.	Wald	df	Sig	R	Exp(B)
TTLMPRC	.0197	.0067	8.5667	1	.0034	.3021	1.0199
EDULVL	1.5482	.6595	5.5108	1	.0189	.2209	4.7029
VISTRS2	1.5356	.6980	4.8403	1	.0278	.1987	4.6439
Constant	-23.6443	8.3673	7.9850	1	.0047		

As indicated by the positive R score for the total days spent at the Center, as the number of days increased, so did the level of MRT completed. Similarly, as the resident's education level increased so did the MRT level. The interesting variable here is the number of visitor requests. This model suggests that as the number of requests increases, so does the MRT level of the resident, even when considering time. This result relates to the staff's theory, put forth above, regarding the importance of a positive support system in a resident's success. It is important to note here that these tests do not prove causality, however they do indicate correlation. Also interesting to note is that the race dichotomy did not remain in the model, even though MRT level was the

strongest predictor variable of being Native American or not. This can be an indication of how recoding a metric variable into a dichotomy reduces the amount of variability and therefore influences the relationships between other variables, namely metric.

The two logistic examples used above illustrate how this test can be used effectively to examine dependent (treatment) variables such as predicting a certain outcome or MRT level achievement. A very different use of this same test examines a typically independent and "static" variable, race. This type of logistic test illustrates why normally independent, static, variables should not be ignored. Again, it is important not to ignore static predictors merely because they are not malleable or defined as treatable factors. In a way, examining these static predictors may provide a back-door for evaluating common dynamic treatment variables. Again, emphasizing that static/background variables should not be ignored.

Although race is generally considered an independent and static variable, by using a dichotomous race variable (Native American and Non-Native American) as the dependent variable in a logistic regression, relationships between race and other factors can be examined. This test determines which variables "predict" (or associate with) the dichotomous race variable and therefore identify significant ambient factors of racial differences at the Pre-Release Center treatment (for elaboration of the benefits of logistic models in race, gender and class studies, see Brod 1999:26-31). Although logistic regression produces a model that predicts race, the test actually identifies variables associated with race. The variables entered into this model were:

DV: Race	dichotomy	0 = Non-Native American 1 = Native American
IV: Employee skills	ordinal	1 = Unskilled laborer: construction/logging 2 = Skilled laborer: construction 3 = Other skilled labor
IV: MRT Level	metric	MRT level upon exit (1-12)
IV: Outcome	dichotomy	0 = Released

		1 = Incarcerated
IV: Time	metric	Total days spent at the Center
IV: Education Level	metric	Highest level of education achieved

The total number of cases used for the final model was 64 out of 75. The original hit rate was 81.3 percent, which reflects the proportion of Non-Native Americans from the total sample and the chance of predicting a resident's race, or group membership, with no additional information. At the last step only two variables remained in the model: employee skills and MRT level, as seen in Table 7 below. This implies that although the other variables appear significant at first, as MRT level and employment skills are accounted (controlled) for, those relationships disappear at a bi-variate level.

Table 7. Final Logistic Regression Model for Race

Variable	B	S.E.	Wald	df	Sig	R	Exp(B)
MRTLVL	-.1946	.0817	5.6812	1	.0171	-.2441	.8231
EMPLYSKILLS			4.4941	2	.1057	.0894	
EMPLYSKL:unskilled	1.8499	.8795	4.4245	1	.0354	.1981	6.3594
EMPLYSKL:skilled	-6.9229	31.4040	.0486	1	.8255	.0000	.0010
Constant	-1.4548	.8064	3.2548	1	.0712		

The Nagelkerke (R^2) was .167 at the first step and increased to .384 by the last step. This R^2 explanatory value indicates that the variables in the model can explain 38.4 percent of the variance in the race variable. In other words, these two variables are the strongest predictors of race. Prediction in this example can be equated with the association. The hit rate increased very little (from 81.3 percent to 84.4 percent) and is not surprising considering there is such a high original hit rate. The R of MRT level (-.2441) indicates it is not only the strongest variable in predicting race, but it is also negative relationship. This negative sign denotes that as the MRT level decreases, the likelihood of being Native American increases.

The employment skill categories are also interesting to note. The original variable, employment skills, was re-coded into three categories (unskilled

construction/logging, skilled construction and other skilled jobs). This re-coding provided a rough continuum of skill level, while preserving the strength of the original variable. The R-values indicate that unskilled labor is the strongest skill category related to predicting race (.1981). This indicates that a resident is more likely to be Native American if he is an unskilled laborer.

The tolerance of these predictor variables ranged between .518 (total days at MPRC) to .997 (employment skills). The correlation between time spent and MRT level has already been discussed, and certainly may influence this test, even though time dropped from the final equation. Outcome, education level, and employment skills all have high tolerance levels, indicating they are acting independently. As with the other tests above, the influence of the MRT score was very strong when predicting race. Once MRT level was entered into the model, education level, outcome and time spent at MPRC all went to .000 R-values, indicating no additional influences in predicting race. Employment skills also decreased in R-value, but remained significant in predicting race in this sample. As noted above, logistic regression is a useful test for situations in which you want to be able to predict the presence or absence of a background characteristic (static) or outcome (dynamic) based on values of a set of predictor variables.

IMPLICATIONS OF DATA RESULTS

The results of this project, despite some limitations, still provide some insight into the Center. It is important to keep in mind the majority of the data came from the residents themselves. In an ideal world, it would be best to verify each piece of data, but considering the restraints faced by the Pre-Release Center, that is not possible at this time. Instead, by building on the existing system of data collection and by creating a consistent method of tracking the residents, a certain level of internal consistency may be achieved. The idea of consistency is also crucial when considering the intake

interview and initial functionality scale scores. Once the assessment interviewer understands the final database categories, he/she can facilitate the open-ended interview to fulfill the data collection by asking follow-up questions that will allow the resident's data to be complete and accurate. In addition to these "limitations," the overall N size of this sample and several missing data also restrict its power and potential. The results of this project's data should be considered in light of these restrictions.

One notable factor in this data is the MRT program. Although is was related to outcome, the built in relationship with release conditions and time does not allow for definite conclusions regarding the impact of the program. However, it was also negatively associated with race. The data indicate MRT is effective overall on the release of a resident, but MRT is not effective for Native American residents. Exploration of an MRT-type program modified to address the possible differences (cultural, socioeconomic, educational, etc.) between Native Americans and other residents may broaden the effectiveness of this program. Also, concerning Native Americans, it appears lower employment skills influenced outcomes for Native Americans, but not for the population overall. Currently the Center does not provide any job training or employment related programs. Although increased job training programs would most likely benefit all residents, it seems Native Americans may benefit the most from increased job training.

The influence of the number of visitor requests may also encourage the Center to not only promote visits from outside support systems, but also to develop and maintain a thorough tracking system. The sample resident binder produced from this project provides some suggestions for tracking requests. Another notable finding of this project is the change in functionality scores. All categories except literacy/education indicated improvement. At this time it is important to realize the subjective nature of these tests, since they depend, in part, on the perceptions of a resident's case manager. In addition,

in many residents' files, there were missing scales. The lack of change in education and literacy functionality scores is notable, and the center may wish to evaluate their current education programs. However, as pointed out in Figure 3, obtaining a GED does not necessarily reduce a resident's potential for re-incarceration. The influence of education on MRT success was noted in the logistic regression. Also, the lack of significant change in the resident's education/literacy levels was also noted by the Wilcoxon test. It appears that if education/literacy can be improved, the resident's MRT levels may also improve. Although this is purely speculative, the connection does seem to exist. Again, the N size involved in that comparison was very small, and requires further research before any policy conclusions should be made.

Although the functionality scales did show some change, these scores did not seem to influence the other factors such as MRT or outcome. However, the data for the scale variables was inconsistent and incomplete. Without a significant number of cases to enter into the logistic model, those factors cannot have enough power to show significance. This does not necessarily mean the functionality scales would not be good predictors of outcome or progress. A larger N size along with complete functionality records is necessary to draw any conclusions.

The outcomes by race shown in Figure 7 strongly indicate the disparity between Native Americans and Caucasian residents' release/incarceration. This difference is not new considering the Montana Native American population was roughly 6 percent (1990 US Census) while the percent of Native Americans in Montana State Prison is approximately 15.6 percent (Montana Correctional Enterprises, 1998:47). In light of these preliminary numbers concerning race, the Center may wish to not only explore these differences through additional research, but also begin steps in possibly trying new approaches with the Native American residents.

In an attempt to organize some of the factors strongly related to race at the Pre-Release Center, some exploration into a causal model was performed. This model used step-wise regressions and bivariate correlation and sought to demonstrate relationships between the variables identified through the logistic regressions; taking the strong predictors found from the logistic regressions discussed above (MRT, Class II violations) and looking for factors that influence those variables. As noted above, the small N size coupled with missing data makes these tests speculative at best. A stepwise model for MRT using total days and race produced a multiple R of .713, thus indicating those two variables (total days and race) accounted for about half of the variance in MRT (alpha of .15). Tolerance levels were also checked for the variables in this test, and the level indicated no problems (all over .877).

However, due to the constraints on this project and in light of its original goals, time did not allow for development of a complete causal model. Instead, this project sought to identify some of the important factors associated with residents and their success. Exploring the causal model would indeed be an excellent follow-up project when the recidivism data can be analyzed, as long as the data has a greater N size and less missing data so as to meet the necessary requirements of the tests.

FURTHER RESEARCH AND ISSUES OF VALIDITY

The examples of statistical analysis discussed above are not exhaustive of these data. However, as mentioned repeatedly, the small size of this data set limits the scope and power of the available statistical tests. Logistic regression provided an excellent alternative, and allowed for some interesting discussion of relationships between a few of the variables. Ideally in an evaluative study, it is very helpful to either have a before and after group, or a control and experimental group. Obviously in the realm of corrections this classic experimental design (randomly selecting a treatment group and a

non-treatment, or control, group) would pose several ethical, administrative, and even political dilemmas (Shover and Einstadter, 1988:177). However, one possible study opportunity with the Missoula Pre-Release Center is to not only track and gather data for the residents, but also track and follow those who are not accepted into the program. If each rejected inmate could be matched to a similar Center resident on characteristics such as race, education level, chemical dependency, etc., connections concerning the effectiveness of the Pre-Release Program would be much more apparent by comparison. Certainly, one obvious study to be done in conjunction with this project is to follow-through with analyzing the recidivism data from the DOC for this sample of 75. One additional idea for measuring "success," posed by a Center staff member, was to survey former residents with *their* thoughts on why they succeeded or failed. Using these various recidivism measures is deal, but must be balanced against the reality of implementing them successfully.

This project set up a database to analyze recidivism in a number of ways. [See proposed variables in Appendix H.] For instance, measuring the time between release and the resident's first offense (defining "offense" as reconviction) and the time between release and the resident's first parole/probation violation. Other variables include what offenses/violations were committed at six months, and at 12 months. These different measures sought to capture some of the ideas discussed above concerning recidivism while still accounting for the reality of gathering such data.

Before turning to the aspect of information gathering and organization at the Missoula Pre-Release Center, some points regarding validity threats should be addressed. When doing any evaluation study, it is important to always consider those factors, which may bias or jeopardize the validity of the conclusions. Shover and Einstadter (1988:182) discussed these issues at length and referred to threats of validity as "rival explanations for differences on criteria measures that cannot be logically ruled

out." For instance selection bias can obviously affect the possible outcomes of a corrections treatment by possibly only choosing those who are more likely to succeed. In other words, by selecting residents, the statistical guiding principle of randomness is lost. The process of selection is discussed at length below. The issue of mortality (dropouts) is certainly an important consideration, as exemplified by those residents who voluntarily choose to return to the prison.

Shover and Einstadter (1988) also identify reactive arrangements as a potential validity issue. They define a reactive arrangement as the reaction a resident may have just because they have been selected for a special program, not because of anything in particular the program may provide. This applies to the idea of Pre-Release being a privilege rather than punishment. For example, a treatment such as MRT, which is offered in both the prison and pre-release centers, may be more successful for residents of a pre-release center than inmates of the prison. The reactive attitude a resident may feel from being accepted into a special facility may make them more eager to complete the MRT program. One more common validity issue to address in corrections is the idea of maturation. The phenomenon of aging out of crime is well known: the older an offender gets, the less likely he is to re-offend (See Gottfredson and Hirshi 1990: 124-144). He is also more likely to have increased attachments and responsibilities such as a spouse, children, or debt. These issues of validity should always be considered when addressing a correctional facility's evaluation.

PROGRAM ELEMENTS AT MISSOULA PRE-RELEASE CENTER

PROGRAM CONTENT

Individualized Level of Treatment. The Bureau of Justice Assistance (BJA), in 1998, published a monograph discussing specific elements and features of planning and evaluating corrections programs. In this publication, the BJA noted that "incarceration

and crime rate data indicate that increases in the former do not necessarily ensure decreases in the latter" (1998:19). However, they went on to cite several studies which concluded there is potential for positive results (other than reduced crime rates), depending on the type of program implemented. It was the content of these successful interventions that applies to this Pre-Release Project. The BJA noted that "these positive results are strongest for programs that provide individualized supervision and treatment plans, deliver long-term after-care, increase the offender's ability to secure employment, and improve long-term relationships, among other elements" (1998:19).

In light of these components of an effective program, the BJA noted that there are two components of assessing corrections programs: monitoring and evaluating. Monitoring addresses whether the program is accomplishing what it set out to do, while evaluating directs attention to the value of the program itself (11). They also asserted that program planners and developers need to put forth clear and concise goals and objectives along with the means for measuring the success of the program. The Missoula Pre-Release Center goals are put forth clearly in the following mission statement:

> The mission of the Missoula Pre-Release Center is to provide a structured community-based residential program for adult male offenders, which addresses individual treatment needs, holds an offender accountable for his actions, and maintains adequate security for the protection of the community and the offender. The Center accomplishes this by teaching life skills such as problem solving, budget and communication skills; referring offenders to appropriate treatment programs such as parenting classes, domestic abuse groups, chemical dependency programs, and psychological services; consistently enforcing adherence to program rules and societal laws; implementing security measures such as testing of urine samples, searches, and monitoring of resident locations; and closely monitoring an offender's behavior in all life areas (Missoula Pre-Release Center; Policies and Procedure Manual, 1998).

This mission statement guides the Pre-Release Center not only in the general principles suggested by the BJA, but also in more specific principles such as those noted by Gendreau and Paparozzi (1995) and Andrews et al. (1990) above. Specifically, the BJA (1998) noted that the most fundamental aspect of any correctional program is the individualized case management plan (27). Currently the Missoula Pre-Release Center does provide individualized treatment plans. The initial assessment interview is used as a tool for determining what areas the resident needs to focus on the most. Each resident is assigned a case manager (each case manager may have between three and six cases at any given time), who helps guide them through the levels of the Center. For instance, the case manager provides the resident with an individual treatment plan [See Appendix I for an updated version of treatment plan] that identifies the specific problem categories that the resident needs to focus on during his stay at the Center. There is a statement of the problem and goal, a target date, and proposed steps to reaching the goal; all written by the resident.

In addition to this treatment plan, the case manager also completes a functionality scale [See Appendix J] every two weeks to evaluate the resident's progress. This scale is based on the work of Robert Carkhuff, who was responsible for a developing a structured method of self-exploration. As Datillo (1982:155) explained: the method "allows [residents] to challenge their skills by directing their conflicts through the treatment paradigm while maintaining contact with the conflict and working toward a resolution through change." Carkhuff authored several teaching books including *Teaching as Treatment* (1976). Although Carkhuff (1976:264) focused predominantly on the interactions between teacher and student (case manager and resident), he specified some categories of life that can be addressed, such as living skills, learning skills and working

skills. The functionality scale (used by the MPRC) was developed out of these ideas and consists of 13 areas of treatment focus. The areas are scored on a one (poor) to five (good) are: physical fitness, house rules, counseling (drugs/alcohol), budget/savings, employment, vocation, literacy/education, self-concept, MRT/interpersonal skills, leisure time and passes, health, and residence. Each functionality scale is signed by the resident and on the back they must explain how they plan to improve the areas they scored low in.

This method of treatment not only individualizes the attention to each resident, but also provides a means for measurement of the resident's program success. As discussed above, the average functionality scores and their differences can be evaluated for the programs internal effectiveness while performing as a standardized-clinical assessment.

There does appear to be a disparity between the functionality scales and the individualized treatment plan. Although they address several parallel issues, they are not consistent. In order to provide a more standardized treatment plan, the individual treatment goals should better reflect what the resident will be evaluated on throughout his stay at the Center. Therefore, the proposed updated treatment plan [Appendix I] includes the same treatment subjects as the functionality scales: physical fitness, house rules, counseling (drugs/alcohol), budget/savings, employment, vocation, literacy/education, self-concept, MRT/interpersonal skills, leisure time and passes, health, and residence.

Six program characteristics. Examining the Missoula Pre-Release Center in terms of the six characteristics identified by Gendreau and Paparozzi (1995: 29-30) provides another look at the program content.

- *Services are intensive and last three to nine months. They are based on cognitive and social learning behavioral/psychological theories and are used for higher risk offenders.*

The residents at the Missoula Pre-Release Center on the average stay 255 days (eight and a half months) in the program. Although some residents can be there sometimes up to two years, the majority stay between two and twelve months. The programs such as MRT emphasize moral and cognitive behavior treatment. There is not an in-house psychologist at the Center, however if appropriate, some residents are referred to local psychological counselors. In addition, the Center evaluates the residents on not only MRT progress, but also interpersonal skills and self-concept/projected image.

- *Services target criminological needs, such as anti-social attitudes and values.*

The assessment interviewer specifically identifies any criminal thinking and these anti-social attitudes are addressed throughout the MRT program. The Assistant Director identified the concept of thinking errors as the predominant problem for the residents. MRT is a program developed to target these thinking errors as it as the core of the Center therefore indicating the program's intent of addressing anti-social attitudes and behaviors.

- *The style and mode of treatment is matched to the offender's learning style and personality.*

Each resident is assessed individually and then given an individual treatment plan. It appears each case manager works with each resident on a personal one-to-one basis. However, some of the exercises, such as mock job interviews and problem solving, are the same for each resident. Exploring alternative exercises for diverse residents may provide enhanced results.

- *Program reinforcement depends on the behavior being exhibited. Contingencies are enforced in a firm but fair manner. Positive reinforcement is used more frequently than punishment (e.g., fines and restitution).*

The Center's method of discipline generally revolves around loss of passes and privileges, increased household duties, and sometimes confinement (room, jail, or prison). The policy and procedures of the Center clearly specify types and offenses and the consequence of each.

- *Therapists relate to offenders in sensitive and constructive ways and are trained and supervised properly.*

There are no psychological therapists at the center. Only those case managers who have been trained as MRT leaders can facilitate the group. This project did not assess the manner in which the case managers interacted with the residents.

- *Program structure and activities disrupt the criminal network by placing offenders* in *situations where pro-social activities dominate.*

The Pre-Release program stipulates that each resident be employed, pay for room and board, develop and adhere to weekly/monthly budgets and weekly/monthly schedules. There is a limited amount of job skills training, and no job developers on cite at the Center.

Principles of Classification. Going beyond the broad content ideas of Gendreau and Paparozzi (1995), Van Voorhis, Braswell and Lester (1997:81) addressed the specific concepts of inmate assessment and classification. They pointed out that, "correctional clients are a highly heterogeneous group, with diverse treatment needs and security considerations." Important in their discussion was the concept of correctional classification. Both Van Voorhis et al. (1997) and the BJA (1998) cite three common principles of classification, as identified by Andrews and Bonta and Hoge (1990). These principles are risk, need and responsivity. The BJA (1998:28) summarized these principles:

> Responsivity: Treatment should match the learning style of the offender.
> Risk: More intensive services should be provided to higher risk offenders.
> Need: Treatment should address the specific circumstances and characteristics that have been linked to each offender's criminal behavior.

Van Voorhis et al. (1997) addressed the importance of predictor scales for risks and needs. As already noted in Appendices A-D, predictor variables are at the core of all offender assessments and were used to develop the instrument used for this project. In addition to the scales already discussed, Van Voorhis et al. (1997:90-93) added the Level of Supervision Inventory and an Initial Inmate Classification Assessment of Needs to the examples of risk/needs assessments. The BJA (1998:28) summarized the importance of assessments by noting, "risk and needs assessments, along with offense histories and available resources, form the basis for individual case plans."

When considering the Missoula Pre-Release Center, the risk principle is generally addressed as part of the program acceptance process. Due to the low-level security at the Pre-Release Center, high risk offenders are not usually

accepted into the program. According to Van Voorhis et al. (1997:83), intensive programs are more effective for high-risk offenders, and therefore care should be taken when assigning low risk offenders to intensive programs (e.g. boot camps). It is unclear as to exactly what the nature of an "intensive" program, however, it is assumed the Pre-Release facility would not be considered intensive. Offenders are classified at several stages during their incarceration, and their application and admittance to the Pre-Release facility is another level of this classification. This issue of selection is related to the validity and bias concerns discussed above.

The process of being accepted by the Missoula Pre-Release Center begins with an application. The Center has a review board consisting of Sue Wilkins, Executive Director of Missoula Correctional Services; the Missoula County Undersheriff; and a local Probation Officer. This Screening Committee reads the case file of the applicant, which is sent from the referring agency (e.g. MSP or the DOC) and then meets with the others to confer. Some of the areas the committee closely examines are offense history, prior community supervision outcomes, institutional record, treatment history and medical status. If two-thirds of the screening committee approve, the inmate is accepted into the program.

Because the volume of applications will increase even more with the new facility, the Center is exploring alternative screening options. Another Pre-Release facility in Montana has one person read and review all case files and then write a summary for the screening committee to review. Currently there is no state standard for review of community corrections applications. One major problem faced by screening committees is the lack of consistent and standard medical/physical assessments. Oftentimes a resident's medical problems are not identified, and the Pre-Release Center may accept them, only to have to turn

them away after a week due to unknown medical problems which make the inmate ineligible.

It appears the Center does not consistently use or require any specific assessment scales. In fact, Patricia Hardyman (1993) prepared over 45 pages laying out an Objective Custody Classification System for the Montana State Department of Corrections. But the Pre-Release Centers are not obligated to complete them because they are used to suggest appropriate custody levels, not treatment, of offenders. The case files reviewed for this project did not contain many need assessments, and only some of the inmates from the prison had risk assessments in their case file. Although the inconsistency may be attributed to the time frame the cases came from, it is nonetheless an important point when considering consistency and organization for program evaluation and treatment of the residents. Of the files that contained assessments, there were several formats. By making one standard assessment for each case file mandatory, the Center can achieve a better level of consistency. [Appendix K is a risk assessment based on the Wisconsin Risk assessment] [Appendix L is the needs assessment from the Montana DOC classification handbook (Hardyman, 1993).] Each case file should possess a needs and risk assessment that has been completed within a year prior to entrance into the Pre-Release Center. The use of more standardized assessments would also address the issue discussed in the literature pertaining to clinical versus actuarial methods of information gathering. Although there is still a subjective component to the scales, they at least provide a consistent means for comparing and measuring the residents and the program itself. Consistent assessments (such as Appendix K and L), in addition to the required Pre-Release application, should be a required detail in

the resident's file, and examples of those assessments were included in the sample binder prepared for the Center.

The needs assessment and responsivity principles put forth by Andrews et al. (1980) apply directly to the treatment and therefore pertain to the types of information the program should track. Not only were several scales of variables used in this data set (dichotomous, ordinal, metric, and nominal), but also variables that are set (static) and variables that will measure change (dynamic). It is important to remember there is a fine line between providing individualized care and treatment, which is heavily supported by the literature, and creating a program that is standardized and easily measured for evaluations. The Missoula Pre-Release Center appears to fall into the more clinical realm of assessment and treatment, while providing individualized care and treatment. There is no aftercare program, unless the Live-out method of parole/discharge would qualify as aftercare.

ORGANIZATION OF RESIDENT INFORMATION

As discussed above, the content of the Missoula Pre-Release Program and the information the Center needs to track is at the core of any program evaluation and assessment. In conjunction with gathering the most pertinent information, organizing the information in an accessible and efficient manner is imperative. As alluded earlier, the organization of the case file material in the samples examined did not make gathering data very easy. By adding some very simple logs or checklists, as well as cover sheets to the existing binders (active case files), pertinent information can be easily summarized and accessed and provide standards to compare residents' progress. The following revised resident file guidelines propose an updated version of the current organization system used at the Center. Items that are new additions to the resident binder are

italicized and underlined, while those items moved from another section are marked with *asterisks*. Obviously, there are very few additions to the existing system. [These new forms are in Appendix M]

Missoula Pre-Release Center
Resident File Guideline

Inside Front:

Photographs
Resident File Guideline/Contents (updated)

Section 1: Emergency, Liability and Visitor Information

Emergency Information Form
File Monitor Sheet
Liability Forms: a) Bicycle liability, consent for taping, receipt of handbook and library agreement form
b) Bike bank form
c) Release from liability form
Initial Employer Contact Sheet
Visitor Requests (with supporting documents: visitor agreement forms, copies of drivers license, insurance, and any background checks)
Permission to Ride in Motor Vehicle Form: (with same supporting documentation, if appropriate)

Section 2: Legal Papers

Referral Packet (MPRC acceptance and transfer documents)
Legal papers: court documents, correspondence from attorney, etc.
Pre-Sentence Investigation(s)
Parole/Probation Histories and Probation Officer's notes, etc.
Child Support Paperwork

Section 3: Intake and Treatment Background

Intake Resident Fact Sheet
History Summaries: a) Personal, Family and Chemical use
b) Educational, Employment, and Legal
Individual Treatment Plan (updated)
Treatment Summary (Appendix I)
Assessment Interview
Outside Source: Prior Assessment Notes, Letters, etc.
Risk Assessment
Needs Assessment
Drinking History Questionnaire &/or Criminal Justice Chemical Dependency: Referral and Tracking Form
TABE scores
Outside Source Treatment Evaluations (after initial assessment)

Section 4: Progress and Treatment

MRT Checklist
Guideline for Orientation Material Checklist (updated)
Supporting Documents for Orientation Checklist (exceptions noted)
Functionality Scales (every two weeks) and Improvement Plans
Level Change/Reduction Requests (with supporting paperwork)
MRT Daily Group Reports
Monthly Progress Reports
Monthly Contact Reports
Urinalysis Request Forms
Monthly Urinalysis Reports
Parole Application and Reports
Case Dispositions
Live-Out Paperwork: a) Contractual Agreement
b) Live-Out Checklist
Termination Report (final progress report)

Section 5: Correspondence Concerning Resident

Consent for Release of Confidential Information
Letters, Notes, Memos etc. concerning employment, treatment, etc.
Personal Lending/Borrowing Form
Inventory Exchange Form
Contracts
Bills for any Treatment

Section 6: Incident Reports

Log of all Incident Reports and Outcome
Incident Report Forms
Statement of Charges Form
Notice of Disciplinary Hearing Form
Request for (or waiver) of Witness Form
Summary of Disciplinary Hearing
Any Essays Written by the Resident as part of Discipline Order

Section 7: Medical Information

Physical Assessment Sheets
Program Development Sheet for Physical Fitness
Prescription Medication Sheet
Accident and Injury Reports

Section 8: Financial

Weekly Budgets, with any receipts attached (in-house & live-out)
Monthly Financial Planning Chart [Budget] (in-house & live-out)
Resident Monthly Expenditures and Statistics Form
Copies of all Checks Received
Copies of all Bills

Section 9: Daily Sign In/Out Sheets
Sign In/Out Sheets (all yellow)
Live-Out Daily Check In Sheet

Section 10: Weekly Schedule and Passes

Log of all Pass Requests Taken
Treatment Log of Meeting Attendance
Weekly Schedule Sheets
School Schedule Record
Daily Job Search Sheet
Employee Work Hours
Treatment Meeting Verification Forms (AA, GA, NA, PA, etc.)
Live-Out Communication Log
Pass Forms
- Federal Form Pass Requests
- Shopping Pass Requests
- Physical Exercise Pass Request

Section 11: *All Close-out Forms and Information*
Exit/Release Resident Fact Sheet
Closing Procedure Checklist
Final Monthly Budget Plan
Debit Statement
Closing Account Statement

The most important issue concerning these resident binders (case files) is the accessibility of information. The updated guideline proposed above provides for little additional information to be gathered. Rather it suggests a new way to handle the data currently collected in a manner which provides useful summaries, logs, and check-lists that can easily be used to construct a data base, or even become the lead components of a future database for the center. When a computer database is developed for the Center, its main concepts should mirror those already used by the case managers. The 11 concepts or headers proposed above provide a baseline concept scheme for the database generation.

The fact sheet and summaries (in appendix M) exemplify instruments for assessment interviewers to use to ensure consistent data is collected. The components (variables) used for those forms were based solely on the database constructed for this

project. By completing the fact sheets and summaries directly after doing an intake assessment, the interviewer can gather most of the pertinent information onto just a few sheets of paper, making future data collection much more efficient and effective. One additional area that was improved was the tracking of resident passes. Organized binders with specific check-lists should increase thoroughness of reporting and tracking residents and also provide a centralized organization more conducive to further data collection and analysis. Based on the ideas of the staff and some collaborating statistical relationships, the log of passes taken was developed to improve the collection of information in this area of treatment.

As part of the proposed objectives of this project, a prototype resident binder was developed using existing MPRC forms and the updated forms from Appendix M. Upon the request of the Executive Director of Missoula Correctional Services, the MPRC will receive the only copy of the sample binder. For the purposes of this project, the updated resident guideline and new forms adequately describe the suggested changes to the existing resident binder system.

SUMMARY AND CONCLUSIONS

The Missoula Pre-Release Center accomplishes many facets of corrections treatment. Although a complete evaluation based on residents' re-offense history was not included, this project did provide an occasion to explore and assess the Center on a limited level. Keeping in mind the small sample size, the sample profile offered some interesting insight into the treatment elements of the program. For instance, the influence of the Moral Reconation Therapy was found to be more influential for Non-Native residents, and the effect of visitors (positive support system) was also noted. Most of the results replicated previous studies regarding offender characteristics: low

education levels, chemical dependency, low-labor skills, and lower levels of success for minorities. However, identifying some of the factors associated with these typical factors (race, in-particular), may develop a better understanding of how the program may be improved. The issues of static variables should not be completely ignored when examining any program, and in fact, those variables would be better considered as background and treatment variables. By using various methods of analysis such as logistic regression, variables associated with race can be used to identify possible inequality and the factors associated with it.

The program made notable changes in all functionality areas except education/literature, which can be seen as an indication of some progress within the program. Even though those changes were not reflected in the logistic models (because of missing data and small sample size), the functionality scales may still provide some indicators of progress and success. However, it should be noted that there was disparity between reported education level (10.7) and the standardized test level (9.3). This possibly indicates inaccurate reporting by residents. It more likely may indicate the quality of education received may be suspect. This point, although speculation is connected to the other issues discussed about education and GRE at the Center, and may warrant more intense evaluation.

The percent of residents "released" (56%) is also an indication of internal program success. It is also interesting to note that the referring agency was not a significant factor in whether an offender was released or incarcerated; this information can be useful in reviewing and screening for Pre-Release applicants. Some of the results appeared to go against the typical assumptions concerning community corrections, such as the GED example with outcome. However, this sample was primarily exploratory in nature, and policy conclusions should not be made until more conclusive study can be performed.

Although some statistics were possible, the most lasting legacy of this project is the identification and organization of potential data collection devices/systems. Based on the current literature and existing data collected at the Center, the variables used for this data set encompass the relevant information the Center needs to collect in order to perform basic internal evaluations as well as more involved external evaluations. Because the Center does not presently have a computerized database, it is imperative that the information is recorded consistently and efficiently for future data base development. With the construction of the new facility approaching, the sooner a consistent and pertinent system (either on paper or on disc) can be implemented, the better.

This project sought to achieve several goals; while it did come short of some, it did accomplish an in-depth review of several case files along with the collection of over a hundred variables. This missing re-offense data will eventually round this data set out completely. The goal of improving the Center's access to the DOC information on recidivism may not be entirely lost. Unfortunate timing and other constraints made inclusion of the recidivism data impossible for this paper. However, the example of this project and the potential for informative results may in fact encourage access in order to promote program evaluations. It is the hopes of this researcher that that data will be analyzed at some date in order to provide evaluations that will complete that last step of this project.

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APPENDIX A:

Predictor Indicators (Gendreau, Little, and Groggin, 1996b:597)

Static Predictors

1. Age: at time of assessment
2. Criminal History: adult-prior arrest, probation, jail, conviction, incarceration, prison misconducts
3. History of Anitsocial Behavior: pre-adult – prior arrest, probation, jail, conviction, incarceration, alcohol/drug abuse, aggressive behavior, conduct disorder, behavior problems at home and school, delinquent friends
4. Family Criminality: parents and/or siblings in trouble with the law
5. Family Rearing Practices: lack of supervision and affection, conflict, abuse
6. Family Structure: separation from parents, broken home, foster parents
7. Gender
8. Intellectual Functioning: WAIS/WISC, Raven, Porteous Q score, learning disabilities, reading level
9. Race: white vs. black/hispanic/native
10. Social Class of Origin: socioeconomic status [SES] of parents (parental occupation, education, or income)

Dynamic Predictors

11. Antisocial personality/sociopathy/psychopathy scales: MMPI Pd, Megargee system, EPI Psychoticism, CPI-Soc, PCL-R, DSM-III personality disorders, any indices of egocentric thinking
12. Companions: identification/socialization with other offenders
13. Criminogenic Needs: antisocial attitudes supportive of antisocial lifestyle and behavior regarding education, employment
14. Interpersonal Conflict: family discord, conflict with significant others
15. Personal Distress: anxiety, depression, neuroticism, low self-esteem, psychiatric symptomatology, attempted suicide, personal inadequacy
16. Social Achievement: marital status, level of education, employment history, income, address changes
17. Substance Abuse: recent history of alcohol/drug use

Composite Measures

18. LSI-R (Level of Service Inventory), SFS, Wisconsin, Other risk scales

Appendix B:

Prediction variables (Wright, Clear and Dickson, 1984:117 and 128-132)

1. Number of moves in the last 12 months*
2. Employment situation*
3. Time employed in the last 12 months*
4. Alcohol and drug useage*
5. Attitude*
6. Age at first Conviction*
7. Periods of prior probation or parole supervision*
8. Prior probation and parole revocations*
9. Prior felony convictions and adjudications*
10. Criminal offense history*
11. Age
12. Sex
13. Education
14. Living arrangement*
15. Prior incarceration for one year or longer*
16. Length of confinement in jail
17. Probation officer's prognosis
18. Reason for termination
19. Weapon used in commission of a offense

* = *Wisconsin model variables*

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Wisconsin Risk-Assessment Instrument
Assessment of client risk:

Select the appropriate answer and enter the associated weight in the score column.
Total all scores to arrive at the Risk Assessment Score.

		Score
Number of address changes in last 12 months	0 none	_____
	2 one	_____
	3 two or more	_____
Percentage of time employed in last 12 months	0 60% or more	_____
	1 40%-59%	_____
	2 under 40%	_____
	0 not applicable	_____
Alcohol usage/problems	0 no apparent problems	_____
	2 moderate problems	_____
	4 serious problems	_____
Other drug problems	0 no apparent problems	_____
	1 moderate problems	_____
	2 serious problems	_____
Attitude	0 motivated to change; receptive to assistance	_____
	3 dependent or unwilling to accept responsibility	_____
	5 rationalizes behavior, negative, not motivated to change	_____

Appendix B continued:

Age at first conviction	0 24 or older	_____
	2 20-23	_____
	4 19 or younger	_____
Number of prior periods on probation or parole supervision	0 none	_____
	4 one or more	_____
Number of prior probation or parole revocations	0 none	_____
	4 one or more	_____
Number of prior felony convictions	0 none	_____
	2 one	_____
	4 two or more	_____
Convictions or juvenile adjudication for:	2 burglary	_____
	2 theft	_____
	2 auto theft	_____
	2 robbery	_____
	3 worthless checks	_____
	3 forgery	_____
Conviction or juvenile adjudication for assaultive offense	0 none	_____
	15 yes	_____
Total Score		_____

==========

NEW Risk Assessment Instrument

	Weights With	Weights Without
1. Probation Officer's prognosis		
Very positive	1	1
Moderately positive	3	2
Mixed	5	3
Moderately negative	7	4
Very negative	11	5
2. Type of employment (no weighting used)		
Full-time	0	
Student-other	1	
Part-time and seasonal	2	
Unemployed	3	
3. Age at first conviction		
20 or older	0	
19 or younger	1	

Appendix B continued:

4. Living situation: two specifications available

Alone	2
Spouse	2
Children	3
Parents	3
Siblings	1
Friends	4
Other	5

Spouse, children, siblings	0
Parents	1
Alone, friends, other	2

5. Number of prior revocations

None	0
One or more	1

6. Attitude

a. motivated to change		
yes	0	**Note**: attitude is determined by:
no	1	--Motivated to change; receptive to assistance
b. dependent		--Dependent or unwilling to accept responsibility
yes	0	--Rationalizes behavior; negative, not motivated
no	1	to change

7. Alcohol usage-problem

No apparent problem	0
Problems	1

8. Drug usage-problem

No problem	0
Problem	1

9. Prior felony convictions

None	0
One or more	1

10. Convictions or juvenile adjudications

For:	Burglary	1
	Robbery	1
	Auto theft	1

{Select applicable and add score for total risk assessment.}

APPENDIX C:

Probation outcome predictors (Sims and Jones, 1997:p319 and 321)

Background variables:

Race/gender:
- White/male
- White/female
- Black/male
- Black/female
- Other/male
- Other/female

Age: at sentence

County size:
- Large/urban
- Suburban
- Rural

Crime category:
- Property/theft
- Drug offense
- Violent/assaultive
- Other

Sentence length: in months

Supervision level: (determined by initial client assessment score)
- Suspended
- Intensive
- High risk
- Intermediate risk
- Special (lowest risk)
- Deferred supervision

Months elapsed before supervision ended:

Reason for termination:
- Completed supervision
- Terminated early
- Revoked-technical
- New offense
- Unsupervised
- Elected to serve
- Other

Outcomes:
- Succeeded on probation
- Failed on probation
- No new crime committed
- Revoked—new crime

Initial client assessment evaluation:

Number of address changes in last year:
- Less than two
- Two or more

Age at first conviction
- 24 years or older
- 17-23 years
- 16 years or younger

Appendix C continued:

Offense involving use of weapon
- Yes
- No

Employment history
- Stable
- Unstable

Attitude
- Motivated to change
- Dependent
- Rationalizes/negative

Prior period of adult probation/parole supervision
- None
- One or more

Financial situation
- Self-sufficient
- No know difficulty
- Severe difficulty

Friends
- Easily influenced (positive friends)
- Assertive (positive friends)
- Easily influenced (negative friends)
- Assertive (negative friends)

Alcohol problem
- Yes
- No

Problem with drugs
- Yes
- No

Education
- High school or higher
- Less than high school

Marital status
- Married
- Single
- Divorced/separated

Current and/or past convictions

APPENDIX D:

Factors of Probation Outcome (Morgan, 1994:343-345)

Gender
Age
Marital Status
Educational Attainment
Race
Employment
Earnings/Wage
Prior criminal History
Conviction Offense
Length of Probation Sentence

APPENDIX E: CODING FORM

ID#:_____

DOB:_____ Race:_____ Sex:_____
Current age:_____ Tribal Affiliation:_____
Religious Affiliation:_____ Practicing?_____
Residence(State/County):_____

Arrived MSP:_____ Arrived MPRC:_____ County Jail:_____
Parole Eligibility Date:_____ Discharge Date:_____
MPRC Screening committee mandates:_____
_____
Classification (MSP):_____

Criminal History

Current Offense:_____
Sentence:_____
Alcohol/Drug Related?_____
Prior Convictions
Offense/date/sentence:_____
Offense/date/sentence:_____
Offense/date/sentence:_____
Offense/date/sentence:_____
Offense/date/sentence:_____
Offense/date/sentence:_____
Age of first conviction: (M)_____(F)_____
Probation/Parole ever revoked
Date/violation:_____
Date/violation:_____
Date/violation:_____
Outstanding restitution/fines:_____
Payment Schedule:_____

Drug/Alcohol use History

Acknowledge to being chemically dependent /Age first used:_____
Drug use/related arrest:_____
Drug treatment:_____
Acknowledge to being alcohol dependent?/Age first used:_____
Alcohol use/related arrest:_____
DUI's:_____
Alcohol treatment:_____
Family history of drug/alcohol use:_____
_____
Other treatments:_____

Family/Personal History

Parents together/divorced/other:_____
_____
Description of family life:_____
_____

Siblings_____

Family members with criminal History:_____
_____

Abuse?:_____
_____

Age left home:_____

Education History

Highest level of education completed:_____
GED?/Date:_____
Learning Disabilities:_____
Suspensions or expulsions from school:_____
_____

Attend college?:_____ Level completed:_____
TABE: Total Reading:_____Total Language:_____Total Math:_____**Total Battery**:_____

Employment History

Employed in the last 12 months? Job Title:_____
How long:_____
Types of skills used:_____
_____

Overall Employment History:_____
_____
_____
_____

Military Experience:_____
Branch:_____ Dates of Service:_____
Reason for enlisting:_____ Type of Discharge:_____

Personal History

Marital Status:_____ # of Previous marriages:_____
Number of Children:_____ Child support ordered?:_____

Partner(s) history of drug/alcohol use:_____
_____

History of partner abuse:_____
Age of first sexual experience:_____
Smoke cigarettes? Age started:_____
Gambling Problem acknowledged?_____
Treatment?_____
How many address changes in the past 12 months?_____
own/rent/no address:_____
Visitors: Relationship and Criminal background present:

1._____
2._____
3._____
4._____
5._____
6._____
7._____

8._____
9._____
10._____
11._____
12._____

Psychological evaluation

Serious depression/hopelessness:_____
Serious anxiety/tension:_____
Serious anger/hositility:_____
Suicide: thoughts:_____attempts:_____

Recommendations at MPRC:

Treatment plans: alcohol abuse drug abuse marital family financial social/emotional housing employment health/medical education

Specifics:_____
_____
_____

Referral:

Date/Origin/Classification:_____
_____

Release:

Date/Classification:_____
$ in account:_____ Employment secured:_____ Residence secured:_____

Additional information:

_____
_____
_____
_____
_____
_____
_____
_____

*NOTE: Information is gathered from *both* official documents and personal interviews.*

PERSONAL PROFILE OF LEVEL OF EFFECTIVENESS BY MONTH **ID#_____**

Enter date:_____ **Exit date:_____**

****NOTE: Must have at least 9 out of 13 areas at 3.00 to graduate from the program.****

	1	2	3	4	5	6	7	8	9	10	11
PHYS FIT											
HSE RLS											
D/A											
RESIDNC											
BUGET											
EMPLOY											
VOCATN											
LIT/EDU											
SLFCPT											
INTRPER											
SPRTSYS											
LEISURE											
HEALTH											
OVRALL											

	12	13	14	15	16	17	18	19	20	21	22
PHYS FIT											
HSE RLS											
D/A											
RESIDNC											
BUGET											
EMPLOY											
VOCATN											
LIT/EDU											
SLFCPT											
INTRPER											
SPRTSYS											
LEISURE											
HEALTH											
OVRALL											

APPENDIX F:

SPSS Data Code Book
For Missoula Pre-Release Center

Variable	Description and Fields
caseid	Case identification number (randomly assigned during data collection)
dob	Date of Birth: mm/dd/yy
intkeage	Age at intake at MPRC
race	Race of Resident 1:Caucasian 2:Native American 3:Asian 4:Other 999:missing
gender	Gender of Resident 0:Female 1:Male 999:Missing
triblaff	Tribal Affiliation of Resident 0:no 1:yes 999:Missing
tribe	Tribe Resident is associated with: 1:Choctaw 2:Salish Kootnei 3:Choctaw and Salish Kootnei 4:Flathead 5:Crow 6:Blackfoot 7:Chippewa/Cree 8:Cherokee 9:Couer d'Alene 10:Chippewa 11:Northern Cheyenne 12:Apache 999:missing 9999:not applicable
relgaff	Religious Affiliation 1:Christian 2:Mormon 3:None 4:Lutheran 5:Atheist 6:Native American 7:Baptist 8:Protestant 9:Episcopal

10:Assembly of God
11:Church of Christ
12:Catholic
13:Pentecostal
14:Seventh Day Adventist
15:Undecided
16:Unity Church
999:missing
9999:not applicable

god — Resident believes in God
0:no
1:yes
999:missing

practc — Resident is interested in practicing his/her religion at MPRC
0:no
1:yes
999:mission
9999:not applicable

arrmsp — Date Resident arrived at Montana State Prison: mm/dd/yy (first time)

stipltns — Stipulations by screening committee for admittance into program
1:chemical dependency treatment
2:anger management
3:GED studies
4:chemical dependency and GED
5:restitution
6:none
7:chemical dependency and anger management
8:chemical dependency and MRT
9:chemical dependency and mental health
10:mental health
11:GED and mental health
999:missing
9999:not applicable

agefirm — Age at first misdemeanor conviction
999:missing
9999:not applicable

agefirf — Age at first felony conviction
999:missing
9999:not applicable

curroff — Current offense/Commitment offense
(offense that resulted in incarceration leading to MPRC)
1:homicide-deliberate; mitigated
2:homicide-deliberate
3:attempted homicide-deliberate; mitigated
4:homicide-negligent
5:robbery
6:assault
7:burglary
8:theft/larceny
9:kidnapping
10:forgery

11:fraud (includes bad checks)
12:stolen property
13:sex offense
14:drug offense – possession/sale
15:DUI
16:domestic abuse
17:felony criminal mischief
18:felony solicitation

NOTE: As per the UCR Handbook, the Hierarchy Rule will be used to determine which offense is recorded. The Hierarchy Rule states: In a multiple-offense situation (i.e., one where several offenses are committed at the same time and place), after classifying all Part I offenses, score only the highest ranking offense, and ignore all others, regardless of the number of offenders and victims. (UCR Handbook, Pg. 33)

Example: During the commission of an armed bank robbery, the offender strikes a teller with the butt of a handgun. The robber runs from the bank and steals an automobile at curb-side. Classification: Robbery, Aggravated Assault, and Motor Vehicle Theft are three Part I offenses apparent in this situation. Each of these offenses appears on the report listed in a certain order, and of these three crimes, Robbery is the "highest" on the list. Therefore, this incident would be classified as Robbery, and, accordingly, one offense would be scored. All of the other offenses would be ignored. (UCR Handbook, Pg. 33)

sentcnc Sentence for current offense: string variable (eg. "10 yrs DOC w/ 5 SS")

adreltd Current offense alcohol or drug related
0:no
1:yes
999:missing

Number of Prior Offense Convictions:
999:missing

pridui Prior Offense: DUI
priasslt Prior Offense: assault
prithft Prior Offense: theft/larceny
priburgl Prior Offense: burglary
prirobry Prior Offense: robbery
priforgr Prior Offense: forgery
prifraud Prior Offense: fraud (includes bad checks)
pridrug Prior Offense: drug offense – possession/sale
pridmabs Prior Offense: domestic abuse
pritrffc Prior Offense: habitual traffic offender
priother Prior Offense: other

pv Parole/Probation ever been revoked
0:never
1:once
2:twice
3:three or more
9999:not applicable

chemdep Resident acknowledges chemical dependency
0:no
1:yes
999:missing

agedrg Age of first drug use
999:missing
9999:not applicable

agealchl Age of first alcohol use
999:missing
9999:not applicable

drgalctx Number of drug or alcohol treatments completed by Resident
999:missing
9999:not applicable

famalchl Family members with acknowledged alcohol/drug abuse
0:no
1:yes
999:missing
**Note: family members will be loosely defined as: mother, father, sisters, brothers, grandparents, biological aunts and uncles, and step parents

parnts Status of parental relationship (as best described by resident)
1:together
2:divorced – both remarried
3:divorced -- father remarried
4:divorced -- mother remarried
999:missing/unknown

famlife Description of family life (as best described by resident)
1:raised by parents
2:raised by mother and stepfather
3:raised by father and stepmother
4:raised by single mother
5:raised by single father
6:foster homes
7:adopted
8:other
999:missing/unknown

famcrm Number of family members with criminal history
0:none
1:one
2:two
3:three or more
999:missing/unknown
**Note: family members will be loosely defined as: mother, father, sisters, brothers, grandparents, biological aunts and uncles, and step parents

abuse Abuse history of the Resident while growing up
0:none
1:sexual only
2:physical only
3:emotional only
4:physical and sexual
5:phsyical and emotional
6:sexual and emotional

7:sexual, physical and emotional
999:missing

agelfthm — Age Resident left home
999:missing

edulvl — Highest level of education obtained (eg. 12 = graduated from high school)
999:missing

ged — Obtained GED
0:no
1:yes
999:missing
9999:not applicable (already completed 12th grade)

gedage — Age when obtained GED
999:missing
9999:not applicable

lrndisbl — Learning disabilities recognized
0:no
1:yes
999:missing

suspexpl — Ever expelled or suspended from school
0:no
1:yes
999:missing

college — Did Resident ever attend college (includes two year and four year programs as well as vocational schools)
0:no
1:yes
999:missing

taberdng — TABE: Reading score (eg. 5.0 = fifth grade level)
999:missing

tabelang — TABE: Language score
999:missing

tabemath — TABE: Math score
999:missing

tabebtry — TABE: Total battery score
999:missing

emplskls — Employment history/Skills Classification
1:mechanics, installers, repairers
2:construction – skilled
3:transportation
4:unskilled laborers: handlers, cleaners, operators, etc.
5:sales; retail/wholesale
6:service; food prep
7:administrative/managerial
8:computer operations
9:clerical
10:logging
11:professional
999:missing

[*Note: employee skills categories were determined from meeting with the Executive Director of MSC, and also referring to the U.S. Census Bureau and the Bureau of Labor Statistics' Occupational Handbook.]

military	Resident served in military
	1:no
	2:yes
	999:missing
branch	Branch of military service
	1:army
	2:navy
	3:air force
	4:marines
	5:Marines and Air Force
	999:missing
	9999:not applicable
mildschrg	Type of military discharge
	1:honorable
	2:medical
	3:bad conduct
	4:general
	5:entry level
	999:missing
	9999:not applicable
marital	Marital status of resident at time of intake to MPRC
	1:single
	2:divorced
	3:married
	4:living with partner
	5:widowed
	999:missing
prevmars	Number of previous marriages
	1:one
	2:two
	3:three or more
	999:missing
	9999:not applicable
childrn	Number of children Resident has
	999:missing
prtnrda	Partner history of drug/alcohol use (past and present)
	0:not present
	1:present
	999:missing
prtnrabs	History of physical abuse of partner by Resident
	0:not present
	1:present
	999:missing
frstsex	Age of first sexual experience
	999:missing

smkcigs	Resident smokes cigarettes
	0:no
	1:yes
	999:missing
frstsmkd	Age Resident first smoked cigarettes
	999:missing
	9999:not applicable
gmbling	Resident acknowledges gambling problem
	0:no
	1:yes
	999:missing
vistrs	Number of visitor requests
	999:missing
vistrcrm	Percent of visitor's with positive criminal background check
	999:missing
suicdtht	Resident has had thoughts of suicide
	0:no
	1:yes
	999:missing
suicdatm	Resident has attempted suicide
	0:no
	1:yes
	999:missing
	9999:not applicable
	Treatment recommendations (tx) after initial interview: **Areas Resident needs to especially focus on**
txalcohl	Alcohol abuse treatment/counseling
	0:no
	1:yes
	999:missing
txdrugs	Drug abuse treatment/counseling
	0:no
	1:yes
	999:missing
txmarital	Marriage treatment/counseling
	0:no
	1:yes
	999:missing
txfamily	Family treatment/counseling
	0:no
	1:yes
	999:missing
txfincl	Financial
	0:no
	1:yes
	999:missing
txsocial	Social interactions
	0:no
	1:yes

999:missing

txemtnal Emotional behavior
0:no
1:yes
999:missing

txhousng Housing issues
0:no
1:yes
999:missing

txemplym Employment
0:no
1:yes
999:missing

txhlthmd Health/medical issues
0:no
1:yes
999:missing

txeductn Education
0:no
1:yes
999:missing

prntclss Resident required to participate in parenting class
0:no
1:yes
999:missing

prntcmpl Resident completed parenting class
0:no
1:yes
999:missing
9999:not applicable

ir Number of incident reports while at MPRC
999:missing

class2 Number of class II violations while at MPRC
999:missing

class3 Number of class III violations while at MPRC
999:missing

intkdate Date of Resident's arrival at MPRC: mm/dd/yy

refagncy Referral agency
1:Montana State Prison
2:DOC
3:Swan River
4:parole violation
5:ISP
6:diversion
7:other pre-release
8:county Jail
9:direct Court
999:missing

reldate Date of Resident's exit/release: mm/dd/yy

ttlmprc	Total days spent at MPRC (includes all days from any previous stays)
outcome	Resident's outcome/exit classification (latest exit, if been MPRC more than once) 1:paroled 2:discharged 3:Montana State Prison 4:live-out, parole 5:live-out, discharge 6:ISP 7:walkaway 8:terminated to court 9:Montana State Prison-ineligible 999:missing
mltsty	Number of times Resident has been in the MPRC 999:missing 9999:not applicable
mnynacct	Amount of money in Resident's account at time of exit/release 999:missing 9999:not applicable
mrtlvl	Level of MRT at time of exit/release (last recorded level attainment)

Functionality Scale Components:
First (ff) and Last (fl) Recorded Scores
(999:missing)

ffphys	Physical fitness score – first recorded score
ffhserls	House rules score – first recorded score
ffdrgalc	Drug/alcohol counseling – first recorded score
ffresdnc	Residence – first recorded score
ffbudget	Budget– first recorded score
ffemplym	Employment – first recorded score
ffvoctn	Vocation – first recorded score
ffedulit	Education/literature – first recorded score
ffslfcpt	Self-concept – first recorded score
ffintrpr	Interpersonal skills/MRT – first recorded score
ffspprt	Positive support system – first recorded score
ffleisr	Leisure time spent – first recorded score
ffhlth	Health – first recorded score
ffovrall	Overall Score (taken from monthly progress reports): first recorded score
ffdate	Date of first functionality scale: mm/dd/yy
flphys	Physical fitness score – last recorded score
flhserls	House rules score – last recorded score
fldrgalc	Drug/alcohol counseling – last recorded score
flresdnc	Residence – last recorded score
flbudget	Budget – last recorded score
flemplym	Employment – last recorded score
flvoctn	Vocation – last recorded score
fledulit	Education/literature – last recorded score
flslfcpt	Self-concept– last recorded score
flintrpr	Interpersonal skills/MRT – last recorded score

flspprt Positive support system – last recorded score
flleisr Leisure time spent – last recorded score
flhlth Health – last recorded score
flovrall Overall Score (taken from monthly progress reports): last recorded score
fldate Date of last functionality scale: mm/dd/yy

Recidivism Measures

reoftme Time elapsed between release and first re-offense
- 999:misssing
- 9998:not applicable; still incarcerated
- 9999:not applicable; no re-offense

pvioltme Time elapsed between release and first parole/probation violation
- 999:misssing
- 9998:not applicable; still incarcerated
- 9999:not applicable; no re-offense

reofnd1 Resident convicted of misdemeanor or felony since MPRC exit: within 6 months of release
- 0:no
- 1:yes
- 999:missing

reofcls1 Re-offense classification: within 6 months of release
- 1:misdemeanor
- 2:felony
- 3:parole violation
- 999:missing
- 9999:not applicable

reofnce1 Offence committed post MPRC: within 6 months of release (Hierarchy Rule will be used here as well)
- 1:homicide-deliberate; mitigated
- 2:homicide-deliberate
- 3:attempted homicide-deliberate; mitigated
- 4:homicide-negligent
- 5:robbery
- 6:assault
- 7:burglary
- 8:theft/larceny
- 9:motor vehicle theft
- 10:forgery
- 11:fraud (includes bad checks)
- 12:stolen property
- 13:sex offense
- 14:drug offense – possession/sale
- 15:DUI
- 16:domestic abuse
- 17:felony criminal mischief
- 18:felony solicitation
- 19:Other
- 999:missing
- 9999:not applicable

pviol1 Parole violation post MPRC: within 6 months of release

0:no
1:yes
999:missing
9999:not applicable

viols1 Specific violation: within 6 months of release
1:residence
2:travel
3:employment
4:reporting
5:weapons
6:financial
7:search
8:laws & conduct
9:intoxicants (use, possess, sell)
10restitution
11:counseling
12:other
999:missing
9999:not applicable

reofnd2 Resident convicted of misdemeanor or felony since MPRC exit: within 1 year of release
0:no
1:yes
999:missing

reofcls2 Re-offense classification: within 1 year of release
1:misdemeanor
2:felony
3:parole violation
999:missing
9999:not applicable

reofnce2 Offence committed post MPRC: within 1 year of release (Hierarchy Rule will be used here as well)
1:homicide-deliberate; mitigated
2:homicide-deliberate
3:attempted homicide-deliberate; mitigated
4:homicide-negligent
5:robbery
6:assault
7:burglary
8:theft/larceny
9:motor vehicle theft
10:forgery
11:fraud (includes bad checks)
12:stolen property
13:sex offense
14:drug offense – possession/sale
15:DUI
16:domestic abuse
17:felony criminal mischief
18:felony solicitation
19:Other

999:missing
9999:not applicable

pviol2 Parole violation post MPRC: within 1 year of release
0:no
1:yes
999:missing
9999:not applicable

viols2 Specific violation: within 1 year of release
1:residence
2:travel
3:employment
4:reporting
5:weapons
6:financial
7:search
8:laws & conduct
9:intoxicants (use, possess, sell)
10restitution
11:counseling
12:other
999:missing
9999:not applicable

Additional Variables Created During Statistical Exploration/Examination

outdicot Outcome dichotomy (56/44 split)
0:released
1:incarcerated

intakag2 Age at intake; equal quartiles
1:18-23
2:24-28
3:29-35
4:36-62

vistrs2 Number of visitor requests; equal quartiles
1:0-4
2:5-7
3:8-12
4:13-42

vistrcm2 Percent of visitor requests with positive criminal background; dichotomy
0:0.0-2.4 percent
1:2.5-50.0 percent

ttlmprc2 Total days spent at Missoula Pre-Release Center; equal quartiles
1:7-82
2:83-213
3:214-380
4:381-964

offtype Type of offense that resulted in incarceration leading to MPRC
1:Crimes against property (robbery, burglary, theft, forgery, fraud, felony criminal mischief)
2:Crimes against persons (homicide, assault, kidnapping, domestic abuse)

3:Drug/Alcohol crimes (DUI, drug sale/possession, felony solicitation)
4:Sexual crimes (rape, incest, other)

race2	Dichotomy; Native American or other 0:Non-Native American 1:Native American
flmrt2	MRT score based on the final FS score by handbook scoring guidelines
mrtlvldc	MRT level; dichotomy, based on median 0:1-6 1:7-12
edulvldc	Education level; dichotomy, based on median 0:1-10 1:11-20

Computed Variables Showing Difference between First and Last Functionality Scores:

difphys	Difference between first and last: physical fitness
difbudgt	Difference between first and last: budget/savings
difempl	Difference between first and last: employment
difvoctn	Difference between first and last: vocation
difhlth	Difference between first and last: health
difdrgal	Difference between first and last: drugs/alcohol counseling
difres	Difference between first and last: residence
difhserl	Difference between first and last: house rules
difintr	Difference between first and last: interpersonal skills/MRT
difspprt	Difference between first and last: support system
difslfcp	Difference between first and last: self-concept
difleisr	Difference between first and last: leisure/passes
difoveral	Difference between first and last: overall
difedult	Difference between first and last: education/literature

APPENDIX G:

MPRC Code Book: worksheet

```
caseid ________
dob  __________
intkeage ________
race: 1:White    2:Native American     3:Asian     4:Other     9999
gender      1:male
triblaff     0    1     999
tribe _________          999   9999
relgaff_________         999   9999
god          0    1     999
practc       0    1     999
arrmsp ________
mndte        1:chemical dependency treatment  2:anger management
             3:GED studies           4:Other     999   9999
agefirm _______          999   9999
agefirf  _______         999   9999
curro                1:homicide-deliberate; mitigated
                     2:homicide-deliberate
                     3:attempted homicide-deliberate; mitigated
                     4.homicide-negilgent
                     5:robbery
                     6:assault
                     7:burglary
                     8:theft/larceny
                     9:motor vehicle theft
                     10:forgery
                     11:fraud (includes bad checks)
                     12:stolen property
                     13:sex offense
                     14:drug offense - possession/sale
                     15:DUI
                     16:domestic abuse
                     17:felony criminal mischief
                     18:felony solicitation
sentcnc  ____________________________________
adreltd      0    1     999   9999
pridui ____              999   9999
priasslt____             999   9999
prithft ____             999   9999
priburgl____             999   9999
prirobry____             999   9999
priforgr____             999   9999
prifraud____             999   9999
pridrug____              999   9999
pridmabs___              999   9999
pritrffc____             999   9999
priother___              999   9999
pv    0:never  1:once  2:twice  3:three or more  9999:not applicable
chemdep      0     1     999   9999
agedrg____               999   9999
agealchl____             999   9999
drgalctx____             999   9999
```

```
famalcdr     0      1      999   9999
parnts       1:together  2:divorced - both remarried  3:divorced --
       father remarried 4:divorced -- mother remarried   999

famlife      1:raised by parents  2:raised by mother and stepfather
       3:raised by father and  stepmother   4:raised by single mother
       5:raised by single father  6:foster homes 7:adopted  8:other
       999:missing/unknown
famcrm 0:none   1:one  2:two  3:three or more 999:missing/unknown
abuse 0:none  1:sexual only  2:physical only  3:emotional only
       4:physical and sexual  5:phsyical and emotional  6:sexual and
       emotional 7:sexual, physical and emotional  999:missing
agelfthm _____             999
edulvl_______              999
ged          0      1      999   9999
gedage ____                999   9999
lrndisbl     0      1      999
suspexpl     0      1      999
college      0      1      999
taberdng_____              999
tabelang_____              999
tabemath_____              999
tabebtry_____              999
emplskls  1:mechanics, installers, repairers 2:construction skilled
3:transportation 4:unskilled laborers: handlers,      cleaners,
operators  5:sales;retail/wholesale  6:service; food prep
7:administrative/managerial 8:computer operations  9:clerical
10:logging  11:professional   999:missing
military     0      1      999   9999
branch 1:army  2:navy  3:air force  4:marines  5:          999  9999
dischrg  1:honorable    2:medical  3:Bad Conduct  4:entry lvl 999 9999
marital       1:single  2:divorced  3:married  4:living with
       partner  5:widowed   999:missing
prevmars     1:one 2:two 3:three or more  999    9999
childrn      _____         999   9999
prtnrda      0:not present  1:present  999:missing
prtnrabs     0:not present  1:present  999:missing
frstsex      _____                    999
smkcigs      0      1      999   9999
frstsmkd_____              999   9999
gmbling      0      1      999   9999
vistrs_____                999   9999
vistrcrm%________          999   9999
suicdtht     0      1      999   9999
suicdatm     0      1      999   9999
txalcohl     0      1      999   9999
txdrugs      0      1      999   9999
txmarital    0      1      999   9999
txfamily     0      1      999   9999
txfincl      0      1      999   9999
txsocial     0      1      999   9999
txemtnal     0      1      999   9999
txhousng     0      1      999   9999
txemplym     0      1      999   9999
txhlthmd     0      1      999   9999
txeductn     0      1      999   9999
prntclss     0      1      999   9999
```

```
prntcmpl     0      1      999   9999
ir           _______           999
class2       _______           999
class3       _______           999
intkdate     __________
refagncy     1:Montana State Prison  2:DOC  3:Swan River  4:Parole
       Violation 5:ISP  6:Diversion  7:Other Pre-Release  8:county jail
       9:direct crt  999:missing
reldate      __________
ttlmprc      __________
outcome      1:paroled  2:discharged  3:Montana State Prison  4:Live
       out, parole 5:Live-out, discharge  6:ISP  7:Walkaway 8:Terminated
       to court 9:other          999:missing
mnynacct     ________          999   9999
mrtlvl       ________          999   9999
ffphys       _______           999   9999
ffhserls     _______           999   9999
ffdrgalc     _______           999   9999
ffresdnc     _______           999   9999
ffbudget     _______           999   9999
ffemplym     _______           999   9999
ffvoctn      _______           999   9999
ffedulit     _______           999   9999
ffslfcpt     _______           999   9999
ffintrpr     _______           999   9999
ffspprt      _______           999   9999
ffleisr      _______           999   9999
ffhlth       _______           999   9999
ffovrall     _______           999   9999
ffdate       ___________
flphys       _______           999   9999
flhserls     _______           999   9999
fldrgalc     _______           999   9999
flresdnc     _______           999   9999
flbudget     _______           999   9999
flemplym     _______           999   9999
flvoctn      _______           999   9999
fledulit     _______           999   9999
flslfcpt     _______           999   9999
flintrpr     _______           999   9999
flspprt      _______           999   9999
flleisr      _______           999   9999
flhlth       _______           999   9999
flovrall     _______           999   9999
fldate       ___________
```

Recidivism Measures

[caseid:_____]

reoftme _____ 999 9999
pvioltme _____ 999 9999

AFTER 6 MONTH FROM RELEASE
reofnd1 0 1 999 9999
reofcls1 1:misdemeanor 2:felony 3:parole violation 999 9999
reofnce1 Offence committed post MPRC (Hierarchy Rule will be used here as well)
1:homicide-deliberate; mitigated
2:homicide-deliberate
3.homicide-negligent
4.rape
5:assault
6:robbery
7:burglary
8:theft/larceny
9:forgery
10:fraud (includes bad checks)
11:stolen property
12:sex offense
13:drug offense - possession/sale
14:DUI
15:domestic abuse
16:
999:missing
9998:not applicable; still incarcerated
9999:not applicable; no re-offense
pviol1 0 1 999 9999

viols1 Specific violation
1:Residence
2:Travel
3:Employment
4:Reporting
5:Weapons
6:Financial
7:Search
8:Laws & Conduct
9:Intoxicants (use, possess, sell)
10:Restitution
11:Counseling
12:Other
999:missing
9998:not applicable; still incarcerated
9999:not applicable; no violation

AFTER 1 YEAR FROM RELEASE:
reofnd2 0 1 999 9999

```
reofcls2          1:misdemeanor  2:felony  3:parole violation 999  9999
reofnce2    Offence committed post MPRC (Hierarchy Rule will be used
            here as well)
                  1:homicide-deliberate; mitigated
                  2:homicide-deliberate
                  3.homicide-negligent
                  4.rape
                  5:assault
                  6:robbery
                  7:burglary
                  8:theft/larceny
                  9:forgery
                  10:fraud (includes bad checks)
                  11:stolen property
                  12:sex offense
                  13:drug offense - possession/sale
                  14:DUI
                  15:domestic abuse
                  16:
                  999:missing
                  9998:not applicable; still incarcerated
                  9999:not applicable; no re-offense
pviol2      0     1     999   9999

viols2      Specific violation
                  1:Residence
                  2:Travel
                  3:Employment
                  4:Reporting
                  5:Weapons
                  6:Financial
                  7:Search
                  8:Laws & Conduct
                  9:Intoxicants (use, possess, sell)
                  10:Restitution
                  11:Counseling
                  12:Other
                  999:missing
                  9998:not applicable; still incarcerated
                  9999:not applicable; no violation
```

APPENDIX H:

Summary of Variables for the MPRC Data Set

Variable	Description	Scale	Dynamic/Static
caseid	Case identification number	Metric	NA
dob	Date of birth	mm/dd/yy	Static
intkage	Age at time of intake	Metric	Static
race	Race of resident	Nominal; 1-3	Static
gender	Gender of resident	Dichotomy; 0/1	Static
triblaff	Resident is affiliated with a tribe	Dichotomy; y/n	Dynamic
tribe	Tribal affiliation	Nominal; 1-12	Dynamic
relgaff	Religious affiliation/denomination	Nominal; 1-16	Dynamic
god	Resident believes in God	Dichotomy; y/n	Dynamic
practc	Resident wants to attend church	Dichotomy; y/n	Dynamic
arrmsp	Date resident arrived at MSP	mm/dd/yy	Static
stipltns	Stipulations for MPRC entrance	Nominal; 1-10	Static
agefirm	Age at first misdemeanor conviction.	Metric	Static
agefirf	Age at first felony conviction	Metric	Static
curroff	Current Offense	Nominal; 1-18	Static
sentcnc	Sentence for current offense	String	Static
adreltd	Offense is alcohol/drug related	Dichotomy; y/n	Static
pridui	Number of prior DUI's	Metric	Static
priasslt	Number of prior assaults	Metric	Static
prithft	Number of prior thefts/larcenies	Metric	Static
priburgl	Number of prior burglaries	Metric	Static
prirobry	Number of prior robberies	Metric	Static
priforgr	Number of prior forgeries	Metric	Static
prifraud	Number of prior frauds	Metric	Static
pridrug	Number of prior drug offenses	Metric	Static
pridmabs	Number of prior domestic abuse	Metric	Static
pritrffc	Number of prior traffic offenses	Metric	Static
priother	Number of other prior offenses	Metric	Static
pv	Parole/probation ever revoked	Dichotomy; y/n	Static
chemdep	Acknowledge chem. dependency	Dichotomy; y/n	Static
agedrg	Age first used drugs	Metric	Static
agealchl	Age first used alcohol	Metric	Static
drgalctx	# of chem. treatments completed	Metric	Dynamic
famalchl	Family members w/ alcohol/drug history	Dichotomy; y/n	Static
parnts	Status of parental relationship	Nominal; 1-4	Static
famlife	Description of family life; childhood	Nominal; 1-7	Static
famcrm	Family members w/ criminal history	Nominal; 0-3	Static
abuse	Abuse history growing up	Nominal; 1-7	Static
agelfthm	Age resident left home	Metric	Static
edulvl	Highest level of education obtained	Metric	Static
ged	GED obtained if not HS graduation	Dichotomy; y/n	Dynamic
gedage	Age when GED obtained	Metric	Dynamic
lrndisbl	Learning disabilities as child	Dichotomy; y/n	Static
suspexpl	Ever suspended/expelled from school	Dichotomy; y/n	Static
college	Ever attended college	Dichotomy; y/n	Static
taberdng	TABE score; reading	Metric	Dynamic

Variable	Description	Scale	Dynamic/Static
tabelang	TABE score; language	Metric	Dynamic
tabemath	TABE score; math	Metric	Dynamic
tabebtry	TABE score; total battery	Metric	Dynamic
emplskls	Dominant employment skills	Nominal; 1-11	Dynamic
military	Resident served in military	Dichotomy; y/n	Static
branch	Branch of military served in	Nominal; 1-5	Static
mildschrg	Type of military discharge	Nominal; 1-5	Static
marital	Marital status of resident	Nominal; 1-5	Static
prevmars	Number of previous marriages	Nominal; 1-3	Static
childrn	Number of children resident has	Metric	Static
prtnrda	Partner history of drug/alcohol use	Dichotomy; y/n	Static
prtnrabs	History of phys. abuse of partner	Dichotomy; y/n	Static
frstsex	Age of first sexual experience	Metric	Static
smkcigs	Resident smokes cigarettes	Dichotomy; y/n	Static
firstsmkd	Age resident first smoked cigarette	Metric	Static
gmbling	Acknowledged gambling problem	Dichotomy; y/n	Static
vistrs	Number of visitor requests	Metric	Static
vistcrm	Percent of visitors w/ + criminal check	Metric	Static
suicdtht	Thoughts of suicide by resident	Dichotomy; y/n	Static
suicdatm	Attempts of suicide by resident	Dichotomy; y/n	Static
txalcohl	Treatment focus; alcohol use	Dichotomy; y/n	Dynamic
txdrugs	Treatment focus; drug use	Dichotomy; y/n	Dynamic
txmarital	Treatment focus; marital issues	Dichotomy; y/n	Dynamic
txfamily	Treatment focus; family issues	Dichotomy; y/n	Dynamic
txfincl	Treatment focus; financial issues	Dichotomy; y/n	Dynamic
txsocial	Treatment focus; social interaction	Dichotomy; y/n	Dynamic
txemtnal	Treatment focus; emotional behavior	Dichotomy; y/n	Dynamic
txhousng	Treatment focus; housing issues	Dichotomy; y/n	Dynamic
txemplym	Treatment focus; employment	Dichotomy; y/n	Dynamic
txhlthmd	Treatment focus; health/medical	Dichotomy; y/n	Dynamic
txeductn	Treatment focus; education	Dichotomy; y/n	Dynamic
prntclss	Parent class required	Dichotomy; y/n	Dynamic
prntcmpl	Parent class completed	Dichotomy; y/n	Dynamic
ir	Number of incident reports	Metric	Static
class2	Number of class II incident reports	Metric	Static
class3	Number of class III incident reports	Metric	Static
intkdate	Date resident arrived at MPRC	mm/dd/yy	NA
refagncy	Referring agency	Nominal; 1-9	Static
reldate	Date of resident's release/exit	Mm/dd/yy	NA
ttlmprc	Total days spent at MPRC	Metric	Static
outcome	Resident's outcome/exit class.	Nominal; 1-9	Static
mltsty	# of times resident as been MPRC	Metric	Static
mnynacct	Amount of $ in account at exit	Metric	Dynamic
mrtlvl	Level of MRT at time of exit	Metric	Dynamic
ffphys	First FS score: physical fitness	Metric	Dynamic
ffhserls	First FS score: house rules	Metric	Dynamic
ffdrgalc	First FS score: counseling drug/alcohol	Metric	Dynamic
ffresdnc	First FS score: residence	Metric	Dynamic
ffbudget	First FS score: budget/savings	Metric	Dynamic
ffemplym	First FS score: employment	Metric	Dynamic
ffvoctn	First FS score: vocation	Metric	Dynamic
ffedulit	First FS score: education/literature	Metric	Dynamic

Variable	Description	Scale	Dynamic/Static
ffslfcpt	First FS score: self-concept	Metric	Dynamic
ffintrpr	First FS score: interpersonal/MRT	Metric	Dynamic
ffsppрt	First FS score: support system	Metric	Dynamic
ffleisr	First FS score: leisure/passes	Metric	Dynamic
ffhlth	First FS score: health	Metric	Dynamic
ffovrall	First FS score: overall	Metric	Dynamic
ffdate	Date of first FS score	mm/dd/yy	NA
flphys	Last FS score: physical fitness	Metric	Dynamic
flhserls	Last FS score: house rules	Metric	Dynamic
fldrgalc	Last FS score: counseling drg/alc	Metric	Dynamic
flresdnc	Last FS score: residence	Metric	Dynamic
flbudget	Last FS score: budget/savings	Metric	Dynamic
flemplm	Last FS score: employment	Metric	Dynamic
flvoctn	Last FS score: vocation	Metric	Dynamic
fledulit	Last FS score: education/literature	Metric	Dynamic
flslfcpt	Last FS score: self-concept	Metric	Dynamic
flintrpr	Last FS score: interpersonal/MRT	Metric	Dynamic
flsppрt	Last FS score: support system	Metric	Dynamic
flleisr	Last FS score: leisure/passes	Metric	Dynamic
flhlth	Last FS score: health	Metric	Dynamic
flovrall	Last FS score: overall	Metric	Dynamic
fldate	Date of last FS Score	mm/dd/yy	NA

Re-Coded Variables; for simplification and description

Variable	Description	Scale	Dynamic/Static
outdicot	Outcome dichotomy	0:released/1:incarcert	Static
intkag2	Intake age; quartiles	Ordinal; 1-4	Static
vistrs2	Number of visitors; quartiles	Ordinal; 1-4	Static
vistrcm2	Percent visitors. w/ + criminal; quartiles	Ordinal; 1-4	Static
ttlmprc2	Total days at MPRC; quartiles	Ordinal; 1-4	Static
offtype	Type of offense; reclassification	1:property 2:persons 3:drugs/alchl 3:sexual	Static
race2	Dichotomy of race	0:NonNative American 1:Native American	Static
flmrt	MRT score based on last FS score	Metric	Dynamic
mrtlvldc	MRT level dichotomy	0:1-6 1:7-12	Dynamic
edulvldc	Education level dichotomy	0:1-10 1:11-20	Static
dif****	14 new variables computed by subtracting the first FS score from the last FS score for each FS category	Metric	Dynamic

Recidivism Measures

Variable	Description	Scale	Dynamic/Static
reoftme	# days between release & re-offense	Metric	
pvioltme	# days between release & parole violation	Metric	
reofnd1	Convicted w/in 6 months of release	Dichotomy; y/n	
reofnce1	Re-offense w/in 6 months of release	Nominal; 1-19	
pviol1	Parole viol. w/in 6 months of release	Dichotomy; y/n	
viols1	Specific violation w/in 6 months of release	Nominal; 1-12	
reofnd2	Convicted w/in 1 year of release	Dichotomy; y/n	
reofnce2	Re-offense w/in 1 year of release	Nominal; 1-19	
pviol2	Parole viol. w/in 1 year of release	Dichotomy; y/n	
viols2	Specific violation w/in 1 year of release	Nominal; 1-12	

APPENDIX I:

INDIVIDUAL TREATMENT PLAN (updated)

Client Name:_____

Date of Admission:_____

Index all Problems in these corresponding categories:

1. Health/Physical Fitness
2. Alcohol/Drug Use
3. Financial/Budget
4. Employment
5. Vocational Skills
6. Education
7. Self-Concept
8. Interpersonal skills
9. Residential/Housing
10. Supports system
11. Leisure Time
12. Other

Date	Index #	Statement of Problem	Statement of Goal	Target Date	Update on Steps	Steps to Accomplish Goal	Date Step Completed

Signature of Client:_____

Primary Counselor:_____

Treatment Coordinator:_____

Date:_____

APPENDIX J:

MISSOULA PRE-RELEASE CENTER
FUNCTIONALITY SCALE
Personal Profile of Level of Effectiveness

	1.00	1.25	1.50	1.75	2.00	2.25	2.50	2.75	3.00	3.25	3.50	3.75	4.00	4.25	4.50	4.75	5.00	Comments
Physical Fitness	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	_____
House Rules	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	_____
Counseling	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	_____
Budget/Savings	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	_____
Employment	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	_____
Occupational Skills	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	_____
Literacy/Education	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	_____
Self-Concept	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	_____
MRT/Interpersonal	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	_____
Support System	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	_____
Leisure Time/Passes	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	_____
Health	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	_____
Residence	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	_____

Resident:_____ Arrival Date:_____

Case Manager:_____

Remarks:_____

_____

_____

_____

Date:_____

APPENDIX K:

RISK ASSESSMENT **Date:** _____

Number of address changes in last 12 months:	0 None 2 One 3 Two or more	_____
Age at First Conviction: (or juvenile adjudication)	0 24 or older 1 20-23 2 19 or younger	_____
Number of probation/parole revocations: (adult or juvenile)	0 None 2 One or more	_____
Number of prior felony convictions: (or juvenile adjudication)	0 None 1 One 3 Two or more	_____
Convictions or juvenile adjudications for: (select all that apply, do not exceed 5 pts.)	1 Burglary 1 Theft 1 Auto theft 1 Robbery 2 Worthless checks 2 Forgery	_____
Rate the following based on period since last classification: Percentage of time employed:	0 60% or more 1 40%-50% 2 Under 40% 0 Not Applicable	_____
Alcohol usage/problems:	0 None apparent 2 Moderate 5 Serious	_____
Other drug usage/problems:	0 None apparent 2 Moderate 5 Serious	_____
Problems in inter-personal relationships:	0 None 1 Few 3 Moderate 5 Severe	_____
Social Identification:	0 Mainly with positive individuals 3 Mainly with delinquent individuals	_____
Response to Court imposed conditions:	0 No problems 3 Moderate compliance 7 Unwilling to comply	_____
Use of community resources:	0 Not needed 0 Productively utilized 2 Needed but not available 3 Utilized but not beneficial 4 Available but rejected	_____
	Total Score:	_____

APPENDIX L:

NEEDS ASSESSMENT Date: _____

A. **Health:** A. Observation B. Self-report C. Verified medical history D. Medical exam
1. HSR Category A 2. HSR Category B 3. HSR Category C **Score H** _____

B. **Alcohol Use:** A. Observation B. PSI C. Self-report D. Initial D/A assessment
1. No apparent problems 2. Occasional abuse, meets abuse criteria 3. Frequent abuse, meets dependency criteria **Score A** _____

C. **Other Substance Abuse:** A. Observation B. PSI C. Self-report D. Initial D/A assessment
1. No apparent problems 2. Occasional abuse, meets abuse criteria 3. Frequent abuse, meets dependency criteria **Score O** _____

D. **Intellectual Ability:** A. Self-report B. Observation C. Intelligence testing
1. Normal intellectual ability; (90+) 2. May need some assistance; (70-89) 3. Functioning severely limited; (70-) **Score I** _____

E. **Behavioral/Emotional Response:** A. Observation B. PSI C. Psych. Evaluation
1. Exhibits appropriate emotional response 2. Symptoms limit adequate functioning; may require counseling/medication 3. Symptoms prohibit adequate functioning; require major intervention, medication or separate housing **Score B** _____

F. **Sexual Behavior:** A. Self-report B. Observation C. PSI D. Psych. Evaluation
1. No apparent dysfunction 2. Situational or minor problems 3. Real or perceived chronic or severe problems &/or need of SOP **Score S** _____

G. **Educational Status:** A. Self-Report B. PSI C. Ed. records D. TABE score
1. Has high School diploma/GED 2. Some deficits but potential; TABE: 8.0+ 3. Deficits in edu. needs ABE prgm. TABE: 6.0-7.9 4. Major deficits in edu. Needs lit prgm. TABE: below 5.9 **Score E** _____

H. **Vocational Status:** A. Self-report B. PSI C. Employment record D. Other
1. Has sufficient skills to obtain employment 2. Minimal skill level; needs enhancement 3. Virtually unemployable; needs training **Score V** _____

I. **Job-Related Skills:** A. Self-report B. PSI C. Employment record D. Other
1. Has sufficient positive work habits to maintain employment 2. Some deficits; needs prgrm. to develop positive habits 3. Work habits insufficient to maintain employment needs strong work prgm **Score J** _____

J. **Living Skills:** A. Self-report B. PSI C. Observation D. Psych evaluation
1. Presents & expresses appropriate to social context 2. Has mastered basic survival skills; needs enhancement 3. Lack skills necessary for social survival **Score L** _____

K. **Marital/Family:** A. Self-report B. PSI C. Observation D. Report from family
1. Relatively stable relationships 2. Some disorganization or stress; potential for improvement 3. Major disorganization or stress **Score M** _____

L. **Companions:** A. Self-report B. PSI C. Observation D. Other
1. No adverse associations 2. Associations with occasional negative 3. Associations completely negative **Score C** _____

M. **Attitude:**
1. Motivated to change 2. Not very receptive; some potential 3. Has no motivation at all **Score M** _____

APPENDIX M:

PROPOSSED NEW FORMS FOR RESIDENT BINDERS[Ŧ]

Refers to *underlined and italicized* items from updated Resident File Guideline, pages 47-49

[Ŧ] The format of these forms may not be the final version the MPRC uses. The forms shown in appendix M were purposely created to fit on one page for organization reasons. Although the content will not change, a more functional format may be created, at the discretion of MPRC.

Missoula Pre-Release Center
Resident Fact Sheet: Intake

Name:_____
SS#:_____
DOB: _____
Age:_____

AO#:_____
Date arrived at MPRC:_____
Other dates at MPRC:_____
_____
Assessment date:_____

Gender: 0: Female
1: Male

Race: 1: Caucasian
2: Native American
3: Black
4: Other _____

Current offense (most serious)

1:Homicide-deliberate; mitigated
2:Homicide-deliberate
3:Attempted homicide-deliberate; mitigated
4:Homicide-negligent
5:Robbery
6:Assault
7:Burglary
8:Theft/larceny
9:Kidnapping
10:Forgery
11:Fraud (includes bad checks)
12:Stolen property
13:Sex offense
14:Drug offense – possession/sale
15:DUI
16:Domestic abuse
17:Felony criminal mischief
18:Felony solicitation
19:Other:_____

Sentence:_____

Referring Agency:

1:Montana State Prison
2:DOC
3:Swan River
4:Parole violation
5:ISP
6:Diversion
7:Other pre-release
8:County Jail
9:Direct Court
10:Other:_____

Missoula Pre-Release Center
Personal Intake History Summary:

Does Resident believe in God? Y N Does Resident want to attend Church? Y N
Religious Affiliation

1:Christian	5:Atheist	9:Episcopal
2:Mormon	6:Native American	10:Assembly of God
3:None	7:Baptist	11:Church of Christ
4:Lutheran	8:Protestant	12:Other _____

Resident affiliated w/ Native American Tribe? Y N
Tribe Resident is associated with:

1:Choctaw	5:Crow	9:Couer d'Alene
2:Salish Kootnei	6:Blackfoot	10:Chippewa
3:Choctaw & Salish Kootnei	7:Chippewa/Cree	11:Northern Cheyenne
4:Flathead	8:Cherokee	12:Apache
13:Other _____		

Marital status of resident:

1:single, never married	2:divorced	3:married
4:living with partner	5:widowed	6:other:_____

Number of Previous Marriages:_____ Number of Children:_____

History of Partner Abuse? Y N History of Abuse by Partner? Y N

History if Partner drug/alcohol use? Y N

Resident Smokes Cigarettes? Y N Age First Smoked:_____

Resident Chews Tobacco? Y N Age First Chewed:_____

Acknowledge Gambling Addiction? Y N

Resident Ever had thoughts of Suicide? Y N

Resident Ever Attempted Suicide? Y N

Missoula Pre-Release Center
Intake History Summary: Chemical Dependency & Family

Acknowledge Chemical Dependency? Y N Drug of Choice:_____

Age First Used Alcohol:_____ Age First Used Drugs:_____

Completed Treatment Programs:_____ Number of DUI's:_____

Status of parental relationship while growing up; age7-18 (as best described by resident)

1:together 2:divorced – both remarried 3:divorced – father remarried

4:divorced – mother remarried 5:other:_____

Notes:_____

Description of family life while growing up; age 7-18 (as best described by resident)

1:raised by parents
2:raised by mother and stepfather
3:raised by father and stepmother
4:raised by single mother
5:raised by single father
6:foster homes
7:adopted
8:other _____

****Note: family members will be loosely defined as: mother, father, sisters, brothers, grandparents, biological aunts and uncles, and step parents.****

Number of Chemically Dependent Family Members:
0:none 1:one 2:two 3:three or more

Number of Family Members with Criminal History:
0:none 1:one 2:two 3:three or more

Abuse History of the Resident
0:none
1:sexual only
2:physical only
3:emotional only
4:physical and sexual
5:phsyical and emotional
6:sexual and emotional
7:sexual, physical and emotional

Notes:_____

Age Resident Left Home:_____

Missoula Pre-Release Center
Intake History Summary: Educational & Employment

Highest level of Education Obtained:_____ Learning Disabilities Acknowledged? Y N

Was GED Obtained? Y N What age when GED Obtained:_____

Ever Suspended or Expelled from School? Y N

Did Resident Attend College? Y N Level Completed in College:_____

TABE Scores: Math:_____Reading:_____Language:_____Total Battery:_____

Last job:_____ How long was it held?_____

Predominant employment history/skills:

1:Mechanics, installers, repairers
2:Construction – skilled
3:Transportation
4:Unskilled laborers: cleaners, operators
5:Sales; retail/wholesale
6:Service; food prep
7:Administrative/managerial
8:Computer operations
9:Clerical
10:Logging
11:Professional
12:Other:_____

Longest job held:_____ For how long?_____

Favorite job:_____

Military experience: Y N

Branch of military service:

1:Army 2:Navy 3:Air Force 4:Marines

Type of military discharge:

1:Honorable 2:Medical 3:Bad conduct 4:General 5:Entry level

6:Other:_____

Missoula Pre-Release Center
Intake History Summary: Legal

Age at first misdemeanor conviction:_____ Age at first felony conviction:_____

Current offense (most serious)

1:Homicide-deliberate; mitigated
2:Homicide-deliberate
3:Attempted homicide-deliberate; mitigated
4:Homicide-negligent
5:Robbery
6:Assault
7:Burglary
8:Theft/larceny
9:Kidnapping
11:Fraud (includes bad checks)
12:Stolen property
13:Sex offense
14:Drug offense – possession/sale
15:DUI
16:Domestic abuse
17:Felony criminal mischief
18:Felony solicitation
19:Other:_____

Current offense alcohol or drug related: Y N

Number of Prior Offenses:

DUI: _____
Assault:_____
Theft/larceny:_____
Burglary:_____
Robbery:_____
Forgery:_____
Fraud (includes bad checks):_____
Drug offense possession/sale:_____
Domestic abuse:_____
Habitual traffic offenses:_____
Other;_____:_____
Other;_____:_____

Parole/Probation ever been revoked

0:never 1:once 2:twice 3:three or more

Any outstanding restitution: Y N Total Amount Due: $_____

Missoula Pre-Release Center
Treatment and Progress Summary

Treatment	Required For Entry	Enrolled at Intake	Enrolled at Exit	Date Completed	Notes:
Counseling: Alcohol Use					
AA Meetings					
Counseling: Drug Use					
NA Meetings					
Counseling: Mental Health					
GED Studies					
MRT Therapy					
GA Meetings					
Parenting Class					
Indian Center					
Restitution Payments					
Anger Management					
Vocational Rehabilitation					
Religious Organizations					
Other:					
Other:					

Missoula Correctional Services, Inc.
Guideline for Orientation Material

Indicate Date Of Completion	Level	Task/Supporting Paper Work
	1.00	Arrival
_____		Emergency Information Sheet (Section 1)
_____		Bicycle Liability Release (Section 1)
_____		Consent for Taping (Section 1)
_____		Library Agreement Form (Section 1)
_____		Resident Handbook Receipt of Information (Section 1)
_____		Household Rules and Regulations (attached)
_____		Room Key Form (attached)
_____		Condition of Room (attached)
_____		Center Property Inventory (attached)
_____		Orientation Contract Signed (attached)
_____		Self-Assessment Completed (attached)
_____		Room Key Receipt Form (attached)
		Assigned Household Duty
	1.50	
_____		Job Search Packet; Signed for (attached)
_____		Autobiography Completed (attached)
_____		Resume Competed (attached)
_____		Cover Letter Completed (attached)
_____		Thank You Letter Competed (attached)
_____		Two Sample Job Applications; Completed (attached)
_____		53 Questions; Completed (attached)
_____		Resident Handbook Quiz Take (attached)
	1.75	
_____		Problem Solver Worksheet Completed (attached)
_____		Mock Job Interview Completed (attached)
_____		TABE Test Taken (Scores in Section 3)
_____		Physical Assessment Completed (Section 7)
_____		Daily Physical Program Plan, if required (attached)
_____		Step by Step to Money Management Handout (attached)
_____		Mock Monthly Budget Plan Submitted (attached)

Missoula Pre-Release Center

Incident Report Log

Resident's Name:_____ AO#:_____

Date	Description of Incident	Incident Classification	Consequences of Incident: Discipline

Missoula Pre-Release Center

Log of Passes Taken

Resident's Name:_____ AO#:_____

Date	Description of Pass Request	Pass taken with:	Location of Pass Activity	Notes

Missoula Pre-Release Center

Treatment Log of Meeting Attendance:
AA, NA, PA, GA, Other

Resident's Name:_____ AO#:_____

Date	Type of Meeting	Case Manger Initials	Notes

Missoula Pre-Release Center
Resident Fact Sheet: Exit/Release

Name:_____ AO#:_____

Date of Entrance into MPRC:_____

Date of Exit from MPRC:_____ # of Previous Stays:_____

Total Days spent at MPRC:_____ Total days; all stays:_____

Resident participate in the Live-Out Program?_____ Date began:_____

First and Last Functionality Scale Scores:

Category	First Score	Last Score
Budget/Savings		
Counseling		
Literacy/Education		
Employment		
Health		
House Rules		
MRT/Interpersonal		
Leisure/Passes		
Physical Fitness		
Residence		
Self-concept		
Support System		
Vocation		
OVERALL		
Date of assessment		

Final MRT Level:_____ If MRT Completed, date:_____

$ in account:_____

Employment Secured?_____ Where?:_____

Residence Secured?_____ Where?_____

Exit/Release Outcome:

1:Paroled
2:Discharged
3:Montana State Prison
4:Live-out, parole
5:Live-out, discharge
6:ISP
7:Walkaway
8:Terminated to court
9:Montana State Prison-ineligible
10:Other:_____